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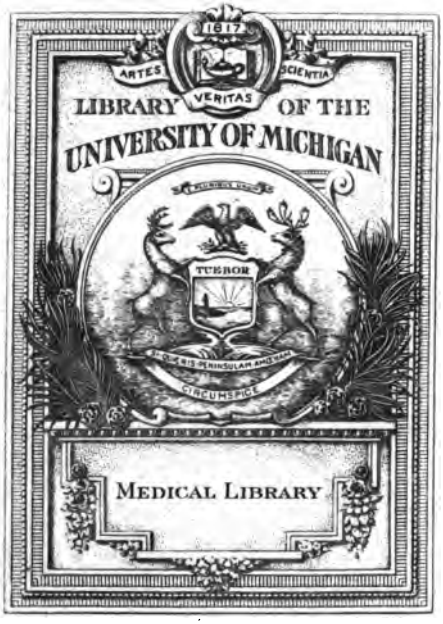

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THE MEDICAL TRIBUNE:

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The Medical Tribune.

ROBERT A. GUNN, M.D., EDITOR.

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DISPOSING OF THE DEAD.

THE proper disposition of the remains of the dead is a serious problem to the living. We have funeral pageants in abundance, and shall doubtless continue to have them till our common human nature shall have undergone some improbable change. There is a mysterious sentiment lurking about us, that an eloquent display of grief is a tribute acceptable to the dead, and certain in some occult manner to afford solace and joy to the ones thus honored. Very many seem to believe as an article of religion that the trappings of woe are an offering most grateful to the spirit of the deceased. It is a waste of words to argue down the notion: all will acknowledge conviction, but few will be convinced or do differently.

And then, the interment. In our large cities this has become a grievous burden. A plat of ground, "seven feet of land or perhaps something more," for the bestowal of a corpse often costs more than subsistence for many weeks, or even a home in the country. Many households coming originally from rural townships, to compose the great city's more active population, deport back their dead to the former home, as much from motives of economy as from a pious wish to lay them beside the bodies of kindred. Also, as though to cheat the soil of its own, the attempt is made to withhold from it the relics of the dead by means of costly entombment. It seems like a device to enthrone the rich and titled over the poor and undistinguished, after they had been levelled to the same altitude by death and decay. Nor even then does the vain mockery always cease. Various devices of desiccation, close sealing in air-tight receptacles, and chemical preparation are employed on purpose to arrest decomposition itself—as though to preserve incorruptible that which is of its own nature corruptible as well as mortal.

So have men toiled, wasted expense, and exhausted the resources

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of art. Failing in it all, they have resorted to monuments elaborately carved, to make their dead ones famous in remembrance. Inscriptions have been devised on purpose to convince the living that those who were better and greater than they had been taken away by remorseless death. The hieroglyphic upon the sarcophagus of an Egyptian king was elaborately worded to show that the mummied body in it belonged to one of the best of men, who revered and was beloved by the gods. We have not all got very far in advance of that. Our modern monuments and gravestones' record many glowing fictions. Severely true is the rebus, that the dead lie in the grave beneath, while the living lie in the inscriptions over them.

Yet it is a sentiment which we are hardly willing to disturb. From unrecorded time, the house where the body of the dead reposed was the sanctuary where the survivors worshipped. Somewhat of the old feeling still hovers over us, and we place the bodies of the favored in churches, and those of others in fields which have been consecrated. This practice, too, is an heirloom from pagan antiquity. Professor Lesley, speaking of the sacrifices and other funeral customs, truly declares: "All these sites, however beautiful some, however horrible others, were but the many-sided aspects of one original idea,—the primitive religion of mankind, the pure and simple worship of the dead."

We leave such matters accordingly to be managed as custom, taste, or religious feeling may dictate. The subject coming under our direct consideration is the proper or better means of bestowing the remains of the dead. Here there is abundant field for rational inquiry.

Public necessity has compelled innovation. The inhumation of the dead in places of worship was found to be a prolific agency for infecting the living, and therefore has been generally prohibited. The adoption of the church-yard for interment was a mitigation of the other practice, but the same reasons exist against it. Now enlightened sentiment declares against any burying of the dead in the limits of populous districts. It needs no argument to an intelligent person that a region of graves is more or less destructive to the life and health of all who live about it. The earth reeking with the emanations and decomposing matter of dead bodies is foul and polluted beyond any reclaiming or neutralizing by priestly consecration. To this conclusion we must all inevitably come.

The more rational method to do away with this evil, it would

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appear, consists in a speedy reducing of the bodies of the dead to their primitive elements. There is no good reason for waiting till festering decomposition renders them noxious and deadly to the living. When the life has left the body, the latter is no longer a human being, but an inanimate thing. Although the structure is as before, we speak no longer of personality: we do not say "he" or "she," but "IT." It has no individuality, no sex or human quality. If we leave it alone, nature with its chemistry will hurry to restore it—earth to earth, ashes to ashes. "Then shall the dust continue with the earth *as it was*." We are therefore at perfect liberty, and it is incumbent upon us to dispose of it as an encumbrance, in the most effectual manner to assure no further inconvenience from it. The public welfare imperatively requires this.

The practice of cremation has existed in many countries, under different forms of religion and civilization. The Hebrew traditions indicate entombment as the patriarchal custom, and then interment in the earth. Later on, however, we read that the bodies of King Saul and his sons were burned by the pious Gileadites of Jabesh; and the prophet Amos speaks of "one's uncle, even he that burneth him," which indicates that it was a common practice. Homer speaks of the burning of Hektôr and Patroklos, as the more honorable method of disposing of the dead. In later periods the practice was universal. Whatever prejudice or early belief had existed adverse to it, the consideration of utility had swept it out of the way.

In India the practice has been kept up till the present day. Regarding fire as the most pure and sacred of all the principles of nature, they have consecrated cremation with the belief that it was a hallowing of the remains of the dead. Their primitive rivals, the Parsis, however, carry the notion of the sanctity of fire so far, that they conceive the burning of a human body as sacrilegious; and they even regard it as wrong to inter it in the ground or to pollute with it the water. Hence they erect structures called "Towers of Silence," and place their dead upon them for scavenger birds to devour. This practice is most repulsive to us, who look upon the licking of the blood of Ahab, and the eating of the body of his queen by dogs as the extreme of dishonor. Yet for the living, whose welfare in such respects ought to be regarded first of all, it is far better than interring them in the ground.

Everything like disrespect to the body of a deceased person should be scrupulously avoided. We grant that it is but a senseless

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thing; yet it has been the instrument of a superior intelligence. It should be reverenced for that very reason, and honored for the uses which it has served. To speak contemptuously of it, or of any part or function of its organism, is contumelious and blasphemous. About it is nothing base or unworthy. We might carry this reasoning further, but it is foreign to the present purpose.

A plea for cremation, which is, however, hardly acceptable logically, is suggested by the terrible peril of being buried alive. Now and then an article appears in public journals, designed to show that such a risk is too small to be taken into account. We do not believe it. The evidence, which upon its surface may seem almost conclusive, is superficial, if not unworthy of belief altogether. There is such a liability, and it increases with modern usages. These may be catalepsy and suspended animation, in which life enough remains in the body to prevent decomposing, but not sufficient to exhibit absolute proof of its presence. The extraordinary fasts that have been sustained by Tanner and others, especially when in ecstatic conditions, show that life may sometimes be prolonged indefinitely without food. Some of the drugs which physicians have a craze for employing were known as "witch-herbs" in the Middle Ages, and were then used to produce cataleptic insensibility. They have not lost that quality by having been adopted into modern pharmacy. We are warranted in the apprehension that their use as medicines will sometimes bring on a physical condition simulating death. If no reform in methods is likely to be adopted, or the Healing Art is not to be employed in some superior form, we must live in terror lest some accident of the kind shall occur to our own selves, and we sleep some time to awake in a coffin and buried alive. Poor argument as this may be for cremation, the swift destruction which might possibly occur in such a case would be infinitely preferable to the horror, the agony, the despair which would attend interment in a living tomb.

Henry Laurens of South Carolina was a member of the American Congress of the Revolution. His daughter was prostrated by illness, declared dead, decked for the grave, and placed in the coffin. All was ready for the last office, when she revived just a moment before it was too late. She recovered, grew up, married, and became the mother of children. Upon Mr. Laurens himself the impression thus made was indelible. When he died, and his will was read, the condition was found appended to every legacy that his body should be burned. A pyre was erected accordingly, and the direction obeyed.

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I have the most perfect sympathy with Mr. Laurens in this matter. However much is asserted, too little is really known of medicine and the sure evidences of death to give an intelligent man much confidence; and I would give cremation the full benefit of that doubt.

The more utilitarian argument, however, is the benefit to the living. This cannot be insisted upon too earnestly. Though the argument is comparatively of slight importance, the setting aside of tracts of land for grave-yards and cemeteries is a waste which we may as well do away with. The contiguity of the dead is a menace to the health and life of the living. Even the aura of a corpse in a house is devitalizing to the atmosphere; and when decomposition has begun, the emanations carry death in every direction. Who that has read the story of the Brontè family in England can evade the conviction that the church-yard beside which they grew up—filled as it was "with dead men's bones" and all uncleanness—had its full part in developing their unhealthful temperament, and hastening them to premature death? As health is contagious, and everywhere infects those who come near the well and happy, so disease communicates its baleful influence in all directions, and death poisons the air, the earth, and the blood of those who are alive.

Sanitary precaution requires us to remove decaying matter of all sorts, and even to destroy it by fire or chemical agents. A hundredfold should this care be taken in this case. The remains of no animal are so destructive to life and health as the decomposing substance of a human body. Living, the diseases of human beings are often more foul and torturous than those of any brute; dead, the contamination is more certain and destructive.

I know well the appeal to sensibility. A vast accumulation of poetic *débris* has been raised over the graves of the sleeping dead. There might be some regard due to it, if the dead were but sleeping there. But they are not. There has been an everlasting good-by already. The principal use of the poetry is to keep sentiment alive till it becomes morbific, and to disguise the fact that noisome things are in operation in that couch of earth. A grave where terrific corruption is at work and noxious emanations are forcing their way into upper air is no hallowed place.

Sentiment is best directed and purest in aim and act where the form of the deceased, preserved from the charnel, is speedily dissolved into its former elements. The fire performs this office with

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none of those accompaniments that make the subject hideous and revolting. What is earth remains with the earth, doubly refined; what is of the air is transmitted to the air, and we may believe with the Hebrew Pythagora that "the spirit will return to the Divinity that gave it." The bereft ones may remember the features and lineaments as they last beheld them, and that memory will never be conjoined with reflection upon the repulsive forms of corruption. It is in the course of nature, however, to render the remembrances of grief obscure in our minds, while joys being preserved in freshness are renewed with the thinking of them. So we mourn the dead for a season, and then remember them with emotions of pleasure for what we had esteemed in them.

There need be no appeal to religious considerations. If we were worshippers of our ancestors, as many seem to have been in very ancient times, we might, like them, place a family altar-fire over their graves, and feed it with fuel, food, and libations, as they fed and sacrificed to their gods that once had lived as men. The Hindus, however, who have that faith and yet cremate their dead, find no difficulty in offering to the *pitris* the funeral cake. We perceive in no sacred book of any faith ancient or modern, any direction upon the subject, except it be some "teaching as doctrines the commandments of men." Upon the face, therefore, no good reason appears militating against making such disposition of our dead as seems good in our eyes. There is a new departure more or less developing in our civilization, which, while allowing to sentiment all that is its due, is all the time blending it with higher considerations of duty and benevolence. It will extend to all the walks of life, and even to the dues of the dead. We may honor the deceased by obsequies, funeral rites, tablets, and monuments, and even canonization. This will not interfere with modes of disposing of them after forms consistent with decency, veneration, and at the same time higher regard for the public welfare.

The problem will probably be unravelled by individuals doing in the matter as they shall prefer. I would dislike extremely to have it otherwise. I venerate liberty and personal right above other earthly things. Yet the general dissemination of knowledge must lead to an evolution of good sense in this as well as in other matters. We may not doubt, then, that the method which has here been indicated, will become generally adopted as tne wisest, purest, and best of all.

ALEXANDER WILDER, M.D.

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CARE OF THE INSANE.*

On a former occasion I read a paper before this Society on "The Symptoms of Insanity." In that paper I pointed out the dangers of making an incorrect diagnosis, and the injustice often done to sane persons by considering their eccentricities as symptoms of insanity. To-night I desire to speak more particularly about buildings suitable for asylums and retreats for the insane, and the treatment best adapted for the unfortunate inmates.

In speaking of buildings, I find an editorial in the *Medical Record* of last week, which states that the Legislature will make an effort this winter to pass a law requiring all county insane, except New York and Kings, to be sent to State institutions; the reasons given being as follows:

"The care of pauper insane by the counties, though much better than it used to be, is still in many cases inhuman and disgraceful.

"In most of the poor-houses where the unfortunates are kept the expense averages but twenty cents a day, while in one county it has been reduced to eighteen cents.

"The plan of transporting the insane to large and properly equipped hospitals, under the care of experienced medical officers, is indorsed by all who have investigated the subject impartially, and is only opposed by a clique of politicians who use the county institutions as 'spoils,' and desire to make as much out of them as possible.

"It would be more just and wise, and eventually more economical, to erect such new State asylums as might be needed, and to have the pauper insane of the counties transferred to them.

"The only objection to this plan that can be made is, that there would be waste and extravagance in putting up these new buildings. This is unfortunately a valid objection, but not by any means an insurmountable one."

This is a step in the right direction. It is evident that no human being can live properly on twenty cents a day even under the best circumstances; twenty cents will hardly provide the raw material for man's food for twenty-four hours. If by bringing the insane of the State into State institutions rather than into county poor-houses

* Read before the Society for the Promotion of the Welfare of the Insane, December 10, 1889, by Thomas Cleland, M.D.

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they will be benefited in the care they receive, in the food they eat, and the clothing they wear, it is better by far to bringing them into these institutions; but the question comes then in regard to the buildings. As the *Record* states, the cost of putting up these new buildings is a serious objection; but is it so much of an objection that the buildings ought not to be erected? We think not. We do not think that any expense that goes for the welfare of these poor unfortunate creatures is an objection or is uncalled for. The buildings themselves, however, should not be as now, large, prison-like institutions of "cold gray rock," having a dismal and penitentiary appearance, both externally and internally, but should be of an entirely different construction, and should be very much smaller, although there should be many more of them. If the buildings cannot be made conveniently smaller, if it is better to make large buildings, then the wards should be small.

I would suggest that the buildings be composed of two-story cottages, and that each State institution (if we must have State institutions) should be composed of several of these cottages, arranged on the plan of a village, and if desired, connect one with the other by enclosed passageways. I would build these cottages of variegated brick or stone, giving them a pleasant external appearance. I would have a plat of ground around each cottage, suitably laid out, and brightly decorated with flowers, trees, shrubbery, etc. There could be quite a resemblance in the various cottages, and still no two cottages should be alike. They should be heated with hot air, hot water, or steam in the most approved manner, the heating apparatus to be entirely in the basement. The ground floor of each cottage should consist of a cheerful parlor, reception-room, matron's room, sleeping-rooms for attendants, a dining-room, and a suitable bath-room divided into several compartments, each one of which should contain a full-length bath-tub, and this bath-room should also contain a sufficient number of properly arranged water-closets, and urinals in the male department. No two persons should bathe in the same tub without a change of water, and the tub should be thoroughly scrubbed before each bath.

The cooking for these cottages should be done entirely in the upper floor of each.

On the second floor of the cottage there should be a work-room, reception or rendezvous room, in which there should be games, books, writing material, convenient tables, lounges, easy-chairs, etc.; and

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neat sleeping-rooms with single beds for the inmates. I would suggest that each cottage should accommodate from ten to fifteen patients only, in addition to the matron and necessary help.

In addition to the cottages comprising the village, I would have a chapel where the inmates could congregate as frequently as once a week or oftener for devotional exercises, and to listen to good music. This chapel should not only be a church for the "village," but it should be a place for public meetings, entertainments, etc., for the amusement of the inmates.

There should be a workshop on the grounds, where the male patients, who feel so inclined, could amuse themselves as they chose, with tools of various kinds, and there should be attached to each "village," in addition to the plats of ground around each cottage, a large plat of ground devoted to agriculture and horticulture, and where the vegetables necessary for the various cottages could be raised. It would be a good idea for each patient who desired to have a small patch of ground exclusively his or her own, to cultivate and plant to his heart's content. Flower and vegetable seed should be furnished gratuitously to those who wished them, and the mind of the patient should be brought into this work as much as possible.

These cottages should be grouped together in classes according to the condition of the inmates and the various symptoms of insanity, such as delusions, hallucinations, illusions, etc. This would bring the patient as nearly as possible under what is known in England as Home Treatment, and these houses should be made as home-like and pleasant as it can be possible to make them. This, however, would be an improvement on the Home Treatment of England, inasmuch as the patient would not be under the influence of his relatives or friends, who might be nervously inclined, and upon whom the influence of the patient might be detrimental.

Savage says: "It is often my experience to find it perfectly impossible to treat an insane person in his own home, because of the thwarting action of his relatives; and on the other hand, I have seen cases where an insane brother has started insanity hitherto unknown, which passed from member to member until three or four had become insane." And Savage's experience has been the experience of every physician who has had extensive practice among insane patients. The system that I have suggested of small houses, home-like in every appointment, pleasant in every surrounding, and still under the strict guidance of able physicians and attendants, does away with

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these objections, and still the patient is very much more liable to recover, if recovery is possible, than under other treatment.

I should have, of course, a resident superintendent to each cottage, who could be either male or female, as the cottage is occupied by men or women inmates, together with the necessary assistants, cooks, scrubbers, etc. Insane patients should not be required to do scrubbing or scullery work, even though poverty had compelled them to do this kind of work before their insanity developed, as very frequently this degradation alone is a cause of insanity, and the patient is simply made worse by being compelled to do it in an insane retreat.

Each patient should have individual medical attention and treatment. The female patients should have female physicians whenever they desire it, and where no wishes are expressed, the preference should be given to the female physician. One doctor should be able to take the medical care of at least two hundred insane people. There is in the city of New York one doctor to every seven hundred inhabitants, and there is no reason why one able physician should not easily take care of two hundred insane patients. Each doctor should study the character, temperament, peculiarities, idiosyncrasies and diseases of each patient; and where there was any doubt regarding the necessary treatment, medical or surgical, a consultation of at least three of the physicians in the village should be held before medicine was administered or operations performed.

I may be somewhat peculiar in my ideas about this consultation, but I would suggest that the examination should be made by each physician privately, and that his individual diagnosis, treatment and prognosis should be written out and placed on file in the medical superintendent's office. From these statements the proper course could be pursued with the patient, which would tend more certainly to effect a cure or benefit him. Experimental work with the insane (which I regret to say is extensively indulged in at the present time) should most emphatically be tabooed, and any physician indulging in it should be severely punished, either by censure or dismissal, or both.

In regard to the culinary department of these cottages, it should be of the best. There should be at least one good cook in each cottage with ample assistants to do the cooking thoroughly and to serve the food properly. The matron or superintendent of each cottage, should be as thoroughly conversant with the duties required in the kitchen as those of the parlor, and should have an oversight

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of the food, to see that it is proper and thoroughly good before preparation, and that this preparation is done in a neat and cleanly manner. The tables should look as neat and attractive as it is possible to make them, and *two* of the attendants at least should sit at the table each meal and partake of the same food as that prepared for the patients. This would inspire confidence on the part of the patients, would cultivate table manners, and would develop among them a desire to appear properly during the meals.

I am well aware that the ideas expressed in this paper, so far as the buildings are concerned, savor largely of extravagance; but money spent for this purpose is money well spent, and after the buildings are once erected, the system thoroughly organized, and the entire control taken out of the hands of politicians, the expense to the State at large will be much less than our present mode for caring for the insane, and the inmates will be much better treated and stand a greater chance of ultimate recovery from their mental disorders.

Treatment.—The treatment of the insane in these institutions should be the best that can be found, and should include the most skilled and refined physicians and assistants, able, intelligent, and trained nurses and attendants. One great difficulty that we meet with at present is the absolute ignorance of the attendants,—the lack of culture, intelligence, kindness, Christianity, and all the attributes that make the better and nobler man or woman.

The rules in the various institutions for the guidance of the attendants are generally very good if lived up to, but the great difficulty is that those rules are never enforced. The attendant's attention is called to them, he reads them once or twice carelessly, and frequently that is the last of it.

Every case should have individual medical treatment. If a doctor attempts to treat all patients on a general plan, he makes a failure and soon loses his practice. No two patients, even though suffering from the same disease, are amenable to the same treatment; the characteristics of each individual case must be studied and taken into consideration, and the treatment given accordingly. If this is the case with sane people, how much more certainly must it be so with the insane. There may be a general classification—in fact there should be; but aside from that, as we have before said, there should be individual study and individual treatment. There should be as little restraint of patients as possible, and that restraint should be

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largely psychical. Still we believe with Conolly, the very apostle of no restraint, who said: "Without a very efficient superintendence, chiefly to be exercised by the chief medical officer, the mere absence of mechanical restraint may constitute no sufficient security against neglect or even ill-treatment of the patients in a large asylum. The medical officers who consider such watchful supervision not properly comprised in their duties, have formed a very inadequate conception of them."

Spitzka, speaking on the same subject, says: "On the other hand, it must be admitted that the agitation against restraint has overstepped the bounds of legitimate criticism and reform. That there are some subjects who require restraint, who are better off with it than without it, there can be no doubt. The demonstrative feat of a novice superintendent who burned all his restraint apparatus as soon as he took charge of his asylum, was followed by the accumulation of black eyes, broken noses, and other minor surgical accidents, as well as several suicides."

Still we are satisfied that this means of controlling the insane has been pushed to an extent unwarranted by the facts of the case, and is quite unjustifiable nine times out of ten where it is used. As an illustration of this fact, permit me to digress enough to relate an incident.

Some years ago an Englishman came to me, suffering from a serious brain trouble. I made a careful diagnosis of his case, and pronounced it the beginning of mollities cerebri or softening of the brain. He attended to his business as organ-builder for two years and a half after I first saw him. About six months ago, his disease compelled him to give up his business, which of course cut off his means of support, and himself and family eventually became objects of charity, and were taken charge of by one of the charitable organizations of this city. Somewhere about six weeks ago, this charity organization thought it advisable to have him examined by an expert alienist, and one of the celebrated physicians of this city was called in. His case presented rather unusual features, and it was one of considerable interest to the neurologist. He had the patient sent to Bellevue Hospital, where he was placed in the ward devoted to such cases and overseen by this neurologist. This patient had a habit for months of playing with his hands, holding them up in front of him, and rubbing them for hours at a time—a perfectly innocent and harmless amusement. He had bad teeth, and frequently placed his

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fingers in his mouth, feeling of the roots of his teeth and wishing he could have better ones. When he was removed to Bellevue Hospital he made some objection to being left alone, and the assistants quickly tied his hands and feet to his bed, put a gag in his mouth, and left him in this condition several days and nights. At the end of a week his wife visited him, and found him tied hand and foot to his iron bedstead. He pleaded piteously to go home with her, and when released from his bandages he was so weak and his nervous organization so thoroughly shattered that he could not even stand. She soon got him to his humble home,—a back room of a basement,—and there in the course of two weeks he died, never fully recovering his senses, and suffering intensely from the nervous shock produced by his ill-treatment while at Bellevue Hospital.

This is no fairy tale, and it is not an exceptional one. His good wife told me he was not the only patient that she found bound and gagged in this ward at Bellevue Hospital. This simply illustrates the effects of this system of restraint.

In some cases restraint of this kind may be necessary, but they are few and far between. Kindness should be the universal rule, and Christian endeavor should play an active part in the treatment of the insane. Determination may be necessary to effect them, but it can be done by continued effort. Even the most violently insane are susceptible to kindness and love, and will yield to these influences quicker than to force and brutality. Try it even with a dumb beast, and you will find the same law prevails.

In this paper I have not gone into the full minutiæ of the care and treatment of the insane. I want to point out first the necessity of proper buildings, proper food, and general kindliness as the fundamental principles in the treatment, looking toward a recovery. I am satisfied that under our present mode of treatment, buildings, character of attendants, political chicanery, etc., etc., the inmates of our insane asylums as a rule grow worse instead of better, and become eventually hopelessly insane; whereas they might become sane if they were fortunate enough to have such treatment as their cases demand, or as I have herein suggested.

To Prevent Sore Nipples.—Apply a mixture of tannin and glycerine, two drachms to the ounce, daily during the last month of pregnancy This renders the nipple tough but elastic.

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FUNCTIONAL DERANGEMENTS OF THE HEART.

THERE is, perhaps, no term in the entire nomenclature of disease more generally undefined than "heart disease," or more frequently made use of when any case of palpitation or other irregularity of the heart presents itself, and the great importance of a correct diagnosis in these affections cannot be overestimated. This is necessary not only to insure their proper treatment, but to satisfy the patient's mind, which is at all times so much disturbed. There are few diseases of the human system more calculated to fill the mind with serious apprehensions than abnormal action of the heart. The functional disturbances of the organ are, as we know, extremely protean in their character, sometimes not sufficiently defined to admit of classification as a distinct symptom; but the importance of seeking from the varied phenomena which present themselves the true cause of the irregular action, should be our first and chief concern. That this point is often seriously overlooked there can be no doubt, and in this way discredit is often brought upon our science. I will just instance two cases that have come under my own observation, to show how much care is really necessary before giving an opinion.

Two eminent professors were consulted in a case where the principal symptoms were an excitable and violently-throbbing heart, with almost constant headache. They diagnosed "cardiac hypertrophy" without any further ado; but in this they were mistaken, for the patient afterwards got entirely well with medicine directed to the treatment of the nerves. In another case, the condition of a lady patient was diagnosed by several doctors as "serious valvular lesions," for there was an intermittent pulse and frequent syncope. Here, too, there was an error, for after a course of treatment addressed to the stomach and the nerves, the intermitting pulse disappeared and the heart's action was restored to its natural rhythm—need I say to her very great joy, for she stood in constant terror of sudden death, as in fact all these patients do.

The subject of which I speak is nothing new, but we should always remember that just distinctions are as much needed in our profession as they are in other affairs of life, and that accurate conclusions are the logical results of correct premises. The first cause, then, of these irregularities of the heart should be more closely

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studied, that the true and false symptoms of disease of this, the most important organ in the body, may not be overlooked or confounded, and an opinion given which may often blast hopes, destroy ambition, and make life a burden.

Now, as in the case of supposed hypertrophy, the abnormal throbbing and violent action was not of organic origin, but could be traced to the nerves, and this disturbance again traced to vital exhaustion, consequent upon anemia, or an overworked brain. So also was chronic gastritis and an almost exsanguinated system at the bottom of the "serious valvular disorder." Thus it needs only a little close scrutiny to discover and confirm our knowledge as to the cause and effect in these peculiar cases. There is perhaps no greater fact in physiology, than that the more development and activity the sanguineous system possesses, the more fixed, silent, regular and co-ordinate are the vital or nervous actions; and conversely, the poorer and more feeble the nutritive and vital functions, the more mobile, exalted and irregular are all the nervous acts. This brings us to a consideration of the treatment best adapted for this class of ailments; and as we have seen by the cases mentioned, the important relations which subsist between the vascular and nervous systems, and the dependence of the one upon the other, the line of therapeutics is pretty well marked out. There are a few important points, however, worthy of mention along with the attention due to individual peculiarities or idiosyncracies.

The treatment of any functional disease of the uterus will require our first attention, because on that will depend a permanent cure of the cardiac disturbance. I will say here that the *sine qua non* of success in treating all functional disorders of the heart, is the total avoidance of stimulants. Even tea and coffee must be eschewed. The debility from which the patient suffers will not be benefited by any stimulant. It will generally be found that in these conditions the digestion is poor, fermentation active, and constipated bowels the rule.

Now in regard to drugs—when we want a sedative action and want something to rely upon, I claim that convallaria majalis (the lily of the valley flowers), stands pre-eminent. This medicine, according to one of our best botanists, Dr. Kunze, has been used from time immemorial for pretty near every ill flesh is heir to, and has in consequence met with much adverse opinion. This is not to be wondered at, when it was even claimed that it was good for "re-

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storing the memory," curing apoplexy and the like. As a perfectly reliable sedative for a laboring heart, however, it has not an equal. I usually prescribe it in half-drachm doses, with thirty drops of dilute hydrobromic acid; which last, by the way, is an excellent method of giving the bromide in a debilitated constitution, where, as we know, the bromides are contra-indicated. Its acidity also relieves the very unpleasant taste of the convallaria. As patients of this class are, as a rule, very anemic, to the unthinking practitioner it might immediately occur to prescribe iron; but this is bad practice, for in beginning treatment the stomach is not in a condition to receive iron. The patients must be closely questioned, as they will not complain much of their digestion (the more important symptom being foremost in their mind), and you will discover that the heart's action is more annoying after the meal, that the desire for food has much diminished, and that frequent eructations and a rising of sour mouthfuls of fluid indicate plainly the gastric derangement, and the scarcity of healthy gastric secretion. Surely then, this is not a stomach for the administration of iron. Yet how often is this error made in all cases of chronic indigestion, and how often that old-fashioned fact is forgotten, that it is not what we put into our stomach that does good, but that which the stomach uses when it gets there. So our principal efforts should be firstly to promote healthy gastric secretion, and stimulate good digestion. In this manner we relieve the irritation of the pneumogastric nerve which is keeping up to a great extent the heart trouble. A good many drugs are named as being useful for these purposes, and among them pepsin. That this medicine is very applicable in weak digestion there can be no doubt; but it is an artificial digesting, for it only supplies to the stomach what it lacks. I question its power of increasing a particle of the peptic juice of the stomach itself, consequently its action is not permanent. That we do possess a medicine, and an old one at that, which is particularly useful in promoting healthy gastric secretion is quite certain, and from which a sure and permanent tonic effect can be gained. I refer to calumba root. I prefer the powdered root, as it ought not to be given in tincture form, for a delicate stomach or one in a state of chronic inflammation will not bear the alcohol well. When given in capsules of five or ten grains with the same amount of bismuth, it will act like a charm; and, my word for it, it will fulfil your best anticipations of a digestion restorer. The diet for these patients should be only of a very

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unstimulating nature; milk and cocoa, with light broths and meat, at most only once a day. It is time enough to give iron when good digestion is well established; and in this, too, a choice is desirable. Vallet's mass, from being more soluble in the stomach and easier assimilated, is preferable.

JOHN P. NOLAN, M.D.

CATARRH AND ITS SEQUENCES.

PERHAPS very few complaints have been more neglected and more subjected to empirical treatment than catarrhal affections. What makes this more remarkable is, that they are so general—a very numerous portion of the community being sufferers. The medical text-books are meagre in their treatment of this subject, and one would almost imagine that their authors had never heard of it. Very many physicians, if asked by a sufferer what to do, will give some brief, half-intelligible directions, and then hurry to change the subject. They abandon the field to the experimenter, the quack, and the empiric, virtually confessing that they are themselves unable to cope with it. Indeed, the number of medical men who have catarrh, and do not know what to do about it, is in equal proportions to the rest of the commuity, who have tried many things and received no benefit. They seem to regard it about as hopeless as cancer, with the one redeeming feature—that it does not kill so quickly. It is passed over cursorily, skipped as soon as may be, and may as well be classed with the *opprobiæ medicoricum*. The professors of theory and practice of medicine seem not to know much about it, judging by their lectures. "It a cold, or the result of a cold," is the usual explanation. This would seem to be very plain, but it is far from that. What is a cold? One will discourse about damp weather, chilly rooms, and the like; another will be very explicit about sudden transition from a heated to a cold atmosphere. So we have a round of explanations. But then a person is seldom unpleasantly affected by passing quickly from a hot to a cold atmosphere. In Norway, Russia, and other cold climates, it is the practice to keep the houses at a very high temperature, as a protection against the severe weather outside. Damp weather is almost constantly encountered in island countries, with very general impunity. Indeed, it is almost safe to

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say that climate has little to do with the matter. The complaint is about as common in summer as in winter, and in dry as in moist countries. The causes must be sought from other sources.

Annoying as the complaint is, there is much connected with it that is really laughable. The New-England people have contracted a peculiar nasal tone of voice, which is regarded as specially Yankee, but is more truly a result of catarrh of the posterior nares. Probably nobody hears his own voice correctly; and hence, few are aware of any improper intonations. Yet it gives a queer impression to hear the peculiar *a*, *u*, and *ow*, which are sharp enough to cut. Perhaps the absurd pronunciation is a modern distortion of utterance; but it evidently originated in the obstruction of the breath, and has become classic. In Eastern estimation it seems to distinguish the culture of Boston and New England from the broad enunciation of the Knickerbockers, and other outside barbarians of the United States.

The causes of catarrh, and the various seats of the disorder, are numerous. We are safe in assigning the origin to debility. It is usual to attribute it to taking cold, yet no person who is not already debilitated is liable to contract the complaint. Indigestion and fatigue are the principal causes. Dr. Franklin used to say that he would take cold any time by over-eating. Samuel Thomson observed that the great body of disorders which he was asked to treat were attributed to cold, bad air, insufficient exercise, and improper food. Exhaustion by fatigue, or other causes, will be very likely to occasion catarrh. Whatever enfeebles the patient and lowers the normal standard is likely to result in disorder, and climatic influences give form to the disturbance thus indicated. When merely a cold has been contracted, this matter is simple enough. The pores of the skin are obstructed, and the effete and noxious material which should pass off by the insensible perspirations, are retained in the body. The lining membranes are called into requisition to perform the duty of the skin; coryza appears among other symptoms, and the patient is annoyed by a feeling of obstruction in the nostrils, dull, heavy pain in the head, and a stupid feeling. After a day or two there is a copious excretion from the nose, accompanied by arrested secretions, a drying of the skin, and constipation. It is generally supposed that this form of the complaint wears off after a few days or weeks. It may be that the patient omits to notice it, but the wearing off commonly lasts one a good while, the disorder of the nostrils becoming a permanent disease, characterized by ulcers in the pos-

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terior nares, inflamed fauces, and other continuations of the affection. Sometimes the uvula is lengthened and becomes a serious annoyance; the eustachian tube is liable to obstruction, which results in deafness, and presently the affection of the diseased parts becomes more or less malignant, and extends itself toward the more vital structures with more serious results.

The various disorders of the membranes of the trachea, larynx, and bronchi supervene, and the parenchyma of the lung itself is often involved, resulting in consumption. It is, perhaps, to be doubted whether coryza alone (simple cold) would of itself make progress to such a final culmination. The numerous army of blood poisons, however, can generally be found at hand to be set going with this provocation. There is scrofula at every turn, manifest or obscure. Various ill-cured disorders, eczemas, exanthemata, and others, are lurking about in most constitutions; and even the vaccine poison, though often apparently harmless, is an active element in accelerating the progress of the various other maladies. The blood having been once set in ferment by it, nobody knows where it stops, or is ever likely to stop. Where there is the most vaccination, there is the most catarrh, and these complications are among the most serious that physicians encounter.

The ozæna is the common form of catarrh among us. The lining membrane of the nose has become permanently disordered, and is reluctant to take on healthy action. The affection often extends to the frontal sinus, and even to the ethmoid and sphenoid cells. This is characterized by tenderness over the eyes, and heat over the forehead, sight often impaired, as well as the hearing, while the taste and smell are chiefly abolished. Sometimes the bone itself is affected, and becoms carious. The patient is usually characterized by a quick, whistling breath; but now a most offensive odor is superadded, disgusting to every one, and most sad and distressing to the sufferer. This state of things continues a longer or shorter period, till all the functions of the physical economy are exhausted and death takes place.

Certainly catarrh cannot be justly regarded as a trifle. It is indeed a very serious affair. It more or less disordered the function of hearing, it perverts taste and digestion, and all the organs of the voice are more or less impaired. In the hands of most physicians, catarrh has proved intractable. This arises partly from their failure to understand the pathology of the complaint, and partly from the imperfections of the means to combat it. The text-books have been remiss in

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their instructions; eminent practitioners considering it as any aggravated cold, or disease, or debility, have contented themselves with a placebo, or some mitigating treatment; and the patient, himself, if he imagines himself getting better, is very apt to attempt the "letting well enough alone," neglecting the further care of himself, and charging the fault to his medical adviser, for which he is himself to blame. The treatment should doubtless be largely alterative and corrective. The habitual constipation ought to be removed, the clothing should be cool rather than warm; over-heating and over-dressing being often alone sufficient to produce or aggravate the symptoms. While the lower part of the body should always be normally warm, the chest, shoulders and head may be with advantage left somewhat cool. The food should be plain, and the amount moderate, and over-eating is to be shunned as a prolific source of mischief. One fourth of the food usually taken, and frequently more than that, can be omitted with advantage. The medicines administered should be given with reference to neutralizing morbid matters, and their expulsion from the body; also to attune the nervous system. Tincture of perchloride of iron, tincture of hydrangea, baptisia, or cypripedium, can all be used to advantage. The nostrils themselves ought to be regularly and carefully cleansed from their morbid secretions. These again taken into the system, whether by swallowing or reabsorption, are both disgusting and mischievous. Many of our worst neuralgic and eczematous disorders are occasioned in this way, and indigestion and loathing of food are inevitable.

Nor does the evil stop here; these are only pickets and signals to give notice of more dangerous and overwhelming foes. The insufflating of water has been recommended for years, but it has never been satisfactory. If warm, the results are more or less troublesome; if cold, the work is not thorough. The sensation is more or less disagreeable, and we have known painful ticdouloureaux and erysipelatous inflammation to follow. The insufflation of glycerine is more beneficial, but is mechanically difficult and often troublesome, so that few could persist in it till results were beneficial. We have been led, therefore, to use a simple spray apparatus, with a medicated water which would be forcible enough to wash all the affected parts, and cleanse all about the cells and turbinated bones, but yet so gently as to occasion no unpleasant violence to the tender surfaces. The poisonous matter will thus be neutralized on the spot, and removed, and the membranes induced to begin healthy func-

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tion. It requires diligence, patience, and persistence; but the reward—the getting rid of a loathsome and disgusting affection—is an abundant equivalent. The constantly-recurring disagreeable accompaniment in society may then be kept out of sight, and so the blessings of social intercourse become more delightful.

JAMES EDWIN BRIGGS, M.D.

PUERPERAL CONVULSIONS.

ON the 21st June, 1883, a case of singular importance occurred, which presented from the very first an unyielding and distressing appearance. The attack was sudden and severe. All the vital forces seemed to yield instantly to the force of disease. There was no favorable indication observable, nor any apparent hope of relief, though life lingered, reminding one of the old adage, "while there is life there is hope," obviously demanding some assistance, and awakening in those present the kindly attentions which love and sympathy naturally suggest. On this principle efforts were made to revive and restore. After many hours these gradually began to develop some slight improvement, which tended to encourage perseverance under the most forbidding circumstances. For the disease under which the patient was suffering was readily suggested—and so too was the course of treatment. But the patient was and had been for some time in an unconscious state, apparently comatose, rendering the danger to life still more appalling. In this singular and rather remarkable development in this very acute disease, there were some prominent features which give it a peculiar interest worthy a brief notice, if not indeed a permanent record. The case in brief is as follows:

I give the facts as learned at my first and subsequent visits as nearly in the order of development as practicable. The patient was pregnant, about seven months gone, and had enjoyed unusual good health during this period up to the time of the sudden attack, which occurred about eleven o'clock in the evening while carrying a pitcher of water into her room from the hallway, where she fell on the floor and became immediately unconscious. The friends in their alarm called, in great haste, the midwife who was engaged to attend her in her confinement; but on arriving and seeing the condition of the

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patient, refused to do anything except to advise the calling of a physician immediately to take charge of the case.

In their anxiety and haste the nearest doctor was called, but on arriving and examining the case, became utterly discouraged, and refused to take any responsibility, saying emphatically, "the woman would die," and soon left without giving any professional advice or making any suggestion. The husband being dissatisfied and unwilling to abandon effort while life continued, called to his assistance Dr. James Beegan, who promptly responded, and after a slight examination, made such efforts to relieve and restore to consciousness as circumstances would permit, but without any apparent effect. Observing this, he said "he thought the chances of life very slight," and desired the husband to call in some other physician to advise in the case.

Under these circumstances I was sent for, and reached the patient some nine hours after the attack, and found her in a profound state of coma.

During all these hours the patient had been unconscious, apparently in a fit, or a succession of fits, in which the intervals between the same were so slight as to be almost unobservable. On seeing the patient and learning the condition, I at once sent for Dr. Beegan, who had but recently left, and in the meantime proceeded with my examination.

I found the heart acting very violently, and so rapidly I could not accurately count the pulse. The extremities were warm and moist, the eyes quite firmly set, the countenance anxious, the main features much disturbed; the jaws set and unyielding, and the entire muscular system in the same condition; the limbs were stiff, unyielding, and motionless; the patient could be rolled over like a log, the entire body moving without bending. The spine had a left lateral curvature between the shoulder-blades, and a backward curvature involving the last dorsal and the 1st, 2d, and 3d lumbar vertebræ, which the sister said "had occurred from being run over by a wagon when a child, but did not injure her now." I also found the os very rigid and slightly dilated so as to admit the index finger.

At this moment Dr. Beegan arrived, and a brief consultation was held in which it was decided to continue efforts to relax the system, dilate the os, and deliver with the forceps—the husband anxiously urging us to do all that could be done to relieve and save life—while

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the sister was tenderly begging us to let her alone and let her die in peace.

Dr. Beegan kindly consented to remain and assist in whatever efforts might be required.

On my first arrival I had given, or rather forced into the mouth between the teeth, a very few drops of the fluid extract of veratrum viride (green root), and frequently repeated the effort with only partial success. While this process was being kept up and properly attended to, additional efforts were made to overcome the rigidity and dilate the os. The process of dilatation was very slow, and necessitated the employment of the best and most efficient remedies.

To aid this process and prepare the way for delivery at the earliest practical moment, the rectum was utilized. Enemas, composed of tincture of lobelia and warm water, were administered in small doses, and frequently repeated until two ounces of the tincture were used. Under the influence of veratrum, aided by these remedies, the system began to relax, and the patient to show some signs of returning action.

She could swallow a little better, yet with extreme difficulty and danger. This enabled us to continue our main remedy to better advantage, though only very small doses, often repeated, could be administered; yet on these comparatively small doses depended our hope of success. Other means we regarded as only auxiliary to the decisive action of the veratrum. At this early stage this was given without regard to time or quantity. Hence, we continued these means as best we could, under the singular difficulties attending the case, and gradually obtained that degree of relaxation and returning action which enabled us to proceed toward the accomplishment of the great object in view,—the delivery and restoration to normal action.

So soon as practical the forceps were introduced, and the process of delivery proceeded slowly and carefully till successfully completed, which was about 12 o'clock, noon,—the patient having been at that moment thirteen hours and over in an unconscious state. The fœtus, as expected, was still-born, evidently deprived of life very soon after the attack.

From this time onward the patient was very closely watched, and the veratrum and gelseminum—two parts of the former to one of the latter—was now given, at short intervals, in as large doses as practicable, till consciousness partially returned, which occurred about

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5 o'clock P.M., after being in an unconscious condition more than eighteen hours. This decided change for the better encouraged perseverance in the use of our main remedies, to which was now added a due proportion of the fluid extract rhus aromatica, and then two tablespoonfuls of these extracts thus united were put into an ordinary-sized tumbler of cold water, and one tablespoonful of this preparation from the tumbler was given every two hours, and continued to the 26th inst., when full consciousness was restored, being four days after the first attack; and then gradually reduced in quantity and frequency till August 1st, when the patient had become convalescent.

From this date the patient made good progress, and fully regained her usual health in about three weeks, and has remained in her accustomed good health and spirits until the present time.

A due consideration of the facts in this case will allow its classification among those of the most malignant and hopeless.

Its sudden irruption and great severity, its singular development and marvellous power, as well as its surprising recovery from a state of profound coma, give it special interest, and justly entitle it to a record among the most extraordinary cases which generally baffle the skill of the most experienced physician, and frequently in a few days, or perhaps in a few hours, prove fatal.

This disease, at its irruption, or onset, as in the present case, often takes on a very formidable and malignant character, and requires prompt and decisive treatment to meet and overcome its violent and deadly power. No ordinary remedies, or ordinary course of medication, will answer the demand. The remedies must possess extraordinary energy, power, and promptness to overcome the force of this disease, arrest its progress, and aid nature in eliminating its septic and deadly poison. To meet this condition and relieve and cure the patient, the combination of veratrum viride and the gelseminum sempervirens, as above administered, is fully competent, and may be used freely with comparative safety and certainty of a favorable result. On this point I have spoken and written very fully in several instances, and need not here repeat the remarks made on former occasions, but rather exhibit and classify some of the severer cases which have occurred in my general practice, and have very fully confirmed the utility and scientific character of the principle of treatment in such malignant cases as herein given.

This is my seventeenth severe case in succession that has been

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treated upon this principle without loss. In this enumeration ordinary cases of puerperal fever are omitted. Only the more acute, severe, and hopeless are referred to, whose recovery is indeed marvellous, as in the present case, like the restoration of the moribund to life. Some of these were so severe, and the vital forces so completely overcome and exhausted by the septic blood-poisoning as to require very large doses of medicine, constant attention, and very close watching, in order to administer the antidote successfully, and save life. Others being less severe, yielded more readily, and required less time and attention, in addition to the services of a good nurse.

These seventeen severe cases may be classified in the following manner: Three occurred after the operation of craniotomy. These were extraordinary cases, exhibiting the most malignant character and destructive power, which usually attend the worst cases of this disease. They required much time, care and labor, to meet the varied rapid changes which were ever occurring from hour to hour, and to obtain and keep control until the fever was subdued and the cure perfected.

Nine of the seventeen were cases of eclampsia, or convulsions, which occurred prior to delivery, or at the time of delivery, and were also very severe, exhibiting their peculiar septic character and destructive power. Four of these had living, and five still-born children; and all of them were so acute and extraordinary that they may be properly classed among the more dangerous and fatal.

The remaining five were cases in which the fever developed in its accustomed virulence from four to ten days after delivery. These were all instrumental cases, and were attended, as is often the case, with considerable difficulty.

Thus it will appear that I have treated seventeen cases of the worst type of this disease successfully on the principle exhibited in this report, all of which required large doses of medicine to be administered and repeated at short intervals till the power of the remedy became equal to, or superior to the power of the disease. When this point was reached, the rigidity of the system was overcome, relaxation was obtained—the high temperature of the body, and the excessive, high febrile pulse was reduced, and the force of the disease soon became thoroughly subdued. Being now controllable, it was soon deprived of its malignant character, the patient began to improve, and soon became convalescent.

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These cases were of such a nature that under the ordinary course of treatment, none of them could reasonably have hoped for recovery; but being treated on the principle exhibited in the above report, they were relieved and cured perfectly without any "sequelæ," or an ache, or a pain to remind them of the perils through which they had passed. And now, in conclusion, I can say I am not ashamed of my work, having cured all my patients, and am ready at any time to compare notes on this subject with any member of the profession, to whatever school he may belong.

ALBERT B. WHITNEY, M.D.

TREATMENT OF CHRONIC ENDOMETRITIS.

IN order to render apparent why good results of an unusually valuable character necessarily attend the use of the treatment here advocated, a sketch of the anatomical structure of the mucous membrane lining the body of the uterus will be necessary. Except at the orifices of the Fallopian tubes, and at the os internum, the mucous lining of the uterus is very much the thickest membrane of its class in the human body, constituting about one fourth the whole thickness of the uterine walls. It is composed mainly of tubular glands, which, opening on its free surface, extend through its whole thickness, ending in a cul-de-sac at the underlying uterine muscular tissue, to which the mucous membrane is firmly attached. It is therefore essentially a glandular structure, and is moreover very vascular, becoming specially so at the approach of, during, and for a few days after the menstrual periods. It is obvious that when such a membrane becomes inflamed, its density, volume, and vascularity present obstacles to its cure of a very grave character. Now inflammation of the uterus and its results are the difficulties the gynecologist is most frequently required to deal with. When these are confined to the cervix the difficulty is removed with comparative ease and certainty; but when the mucous membrane lining the body is inflamed, the prospect of cure, to say the least, is much less hopeful. The recorded results of the treatment of intra-uterine inflammation by the corrosive chemicals now commonly employed, even in the hands of the ablest specialists, is candidly admitted by many of them to be practically a failure. We feel justified in going farther and

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stating that such treatment is usually productive of grave injury to the patient, and the time is ripe for an advance in this department of uterine therapeutics.

When a patient suffering from the disease under consideration is treated by the application of corrosive chemicals to the membrane lining the uterine body, her sufferings are always immediately and greatly aggravated. The *modus operandi* of such an application seems to be as follows: The power of the caustic, whatever it may be, is expended on the surface of the membrane in question only. The deeper parts of the inflamed tissues are never reached by the curative influence of the remedy, if it has any virtue. On the contrary, I believe that the effect is indirectly but powerfully unfavorable. The discharge that oozes from the surface of the diseased tissue is nature's way to keep the inflammatory process in check, but when the mouths of the glandular follicles are sealed up by the caustics usually employed, the discharge is denied exit until the slough separates. During this time it necessarily accumulates in the follicles, distending them and causing painful tumefaction of the uterine mucous membrane, of which every patient is so conscious directly after having been submitted to such treatment. As soon as the slough separates, the mouths of the follicles become free, the imprisoned discharge escapes from the deeper parts of the diseased membrane, the latter recovers measurably from the injury inflicted by the treatment, and the patient's sufferings are mitigated until the next application.

We think it may be accepted as a self-evident truth that no remedies can be curative in the disease under consideration which expend their curative power on the surface of the morbid membrane, while the deeper diseased tissues are indirectly injured. Curative results can be attained with greater certainty by the action of a remedy that favorably influences both the surface of the inflamed membrane, and the deeper parts at the same time, by coming into intimate contact with the whole interior of the inflamed uterine follicles. The extract of hemlock fulfils these necessary conditions admirably. When placed in the interior of a diseased uterus it saturates the inflamed membrane by filling every follicle; thus its healing and astringent influence is exerted on every part. It is not only an astringent of unusual power, but in addition possesses a special tonic influence on the tissue whose treatment we are discussing. We believe it to be specially adapted to the treatment of chronic endo-

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metritis, in which caustic applications have so frequently proved injurious. We strongly commend it to the confidence of gynecologists, whose experience corroborates the views here advanced concerning the action of caustics. Its application is nearly or quite painless, an advantage always highly appreciated by the patient.

It may be applied in full strength to the uterine cavity by means of a probe, the end of which has been wound with absorbent cotton; or a few drops may be safely deposited there with a Molesworth's intra-uterine syringe; or the extract may be dried until it attains the consistence of a soft pill-mass; this done a bit of the remedy as largé as a pea may be passed within the os internum on the end of a uterine probe: once in the cavity of the womb it soon dissolves and exerts its curative influence on every part of the diseased membrane. Convincing proof of the efficacy of the treatment here advocated is afforded both to the physician and his patient by the improvement promptly experienced by the latter. The best results are secured by keeping the uterine mucous membrane under the influence of the remedy almost continually during a large part of the intermenstrual period. The application should therefore be repeated every second or third day.

In case of inflammatory disease of the mucous membrane lining the cervix, and in glandular degeneration of the membrane covering the vaginal portion of the cervix itself, the use of the extract of hemlock, with such local and general measures as shall readily suggest themselves to every practical gynecologist, yields much better results than can be obtained by any other remedy with which we are acquainted.

DAVID WARK, M.D.

OXYGEN IN THE TREATMENT OF PHTHISIS.

WHEN the eminent chemist, Dr. Priestley, discovered the composition of the atmosphere about 1774, and demonstrated that oxygen was the vital principle of the air, several physicians conceived the idea that it would prove beneficial in the treatment of pulmonary complaints, especially of phthisis. It was used for a time with varying results, but was soon cast aside as worthless. After the lapse of more than half a century, it was again brought forward by Dr. Birch, of England, who published a treatise on the subject in 1857. Since

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then it has been used with good success by many physicians in Europe: but it is only within the past ten years that it has come into use here to any extent.

About sixteen years ago I was acquainted with one Dr. Hughes, of London, who was a man of peculiar genius. His heretical views caused him to be censured many times by the College of Physicians, of which he was a member. It was from him I first learned the uses of oxygen as a therapeutic agent. I certainly saw very bad cases of phthisis, asthma, chronic bronchitis, etc., cured by it under Hughes' advice, after being given up as incurable by many other medical men of reputation.

After many years' study of the subject, I am convinced that phthisis is not hereditary; and that its true pathology is neither understood nor taught in any college now existing, so far as I have been able to ascertain. Dr. T. R. Allinson, L.R.C.P., England, proved many years ago that phthisis arises from two causes: 1st, impure air, and 2d, the use of flesh meat, which conveyed the seed of the disease (the bacilli tuberculosis) into the system. It was demonstrated by Dr. Parkes, of London University, about three years ago, that the bacilli tuberculosis in animals and in man are identical, and also that the bacilli are to be found in all parts of the body when present in the lungs. Dr. Behrend, in an article in the *Nineteenth Century Magazine* for September, 1889, entitled "Diseases caught from Butchers' Meat," corroborates the views of Allinson above quoted, and it may be added that Dr. B. speaks from an experience extending over forty years. The bacilli cannot be detected in meat unless it is examined microscopically; hence it would seem that the only certain way to avoid phthisis is to avoid the use of flesh as a food, and also to use only milk from a perfectly sound and healthy cow when we use it at all.

As country air is always more rich in oxygen and ozone than city air, consumptive patients should always be sent to the country or the seashore if possible. They should keep in the open air all the time, and also inhale fifteen or twenty gallons of pure oxygen each day. No drugs or medicines of any shape or kind should be given, and alcohol should be interdicted. The injection of carbonic acid gas into the rectum, which was introduced two years ago by Dr. Bergeon and others as a mode of curing phthisis, has proved to be worthless, and even dangerous. The only really successful mode of treating phthisis, asthma, catarrh, and in fact almost all other chronic diseases of the

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lungs and air passages is as follows: The patient should have all the fresh air possible, and use the oxygen as already stated; his diet should be fruits, vegetables, brown bread, rice, and pure milk and cream from absolutely healthy cows. He should practice deep breathing four times or so daily for five minutes at a time. If the bowels are not free, inject warm water and glycerine. Bathe once a day in warm water, and be rubbed down well with a Turkish towel afterward. Corsets must not be worn. A Turkish bath three times a week or so is good.

The following case treated by me in 1884 illustrates what I have been saying: Miss M., aged twenty-four, came to me in an advanced stage of phthisis. All the usual symptoms were present. Old Dr. B., of Lexington Avenue, had told her a short time before that she could not live more than six months, and another physician had agreed with that opinion. I told her that I thought she would recover her health, though I had really very little hope myself. I put her on the treatment above outlined, and in less than six months she was stronger, fatter, and healthier than ever in her life before. Soon after she married, and her aunt told me the other day when I met her that she is now the mother of three fine children, and in the best of health, and further that she has not tasted flesh meat since I told her to give it up. I have had just as good results with many other patients, but the above was I think the most hopeless I ever saw, and, as I said, I really did not expect she would ever regain her health.

R. V. O'NEILL, M.D.

POSTERIOR ANGULAR CURVATURE OF THE SPINE.

THE diseased condition of the vertebræ which gives rise to posterior angular curvature of the spine was first minutely described by Percival Pott, in 1779, and has since been generally spoken of as "Pott's disease." The characteristic deformity and the impaired locomotion had been described by the older writers, but they had no idea of the pathological condition of the parts.

The disease begins with an ostitis of the spongy portion of the vertebræ, and the inflammation may extend to the intervertebral cartilages and surrounding tissues. Extensive suppuration and formation of abscess may speedily follow, or a caries of the bodies of the

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vertebræ may develop with no more formation of pus than can readily be absorbed.

Pott and nearly all the other writers on the subject adhere to the belief that the disease is of strumous origin; but when we consider the fact that thousands have suffered from it, and, after passing through all its stages, have recovered their general health in spite of terrible deformities, we can hardly accept this theory as tenable.

Twenty years ago I taught the students of Bennett Medical College, Chicago, that Pott's disease, and all other diseases of the bones and joints, resulted from some direct local injury to the part involved; that this injury gave rise to inflammation, which was in turn followed by some one or more of its sequences; that the constitutional condition resulted from the local disease, instead of giving rise to it. Now, after twenty years of experience, during which I have treated a great many cases of this kind, I have no reason to change my opinion, and do not hesitate to say that too much importance has been, and still is, attached to the belief in the hereditary transmission of disease, *per se*. I admit that persons of a strumous diathesis are as liable to traumatisms of the bones as any others; and when an inflammation is once localized by an injury, it is likely to assume a tubercular character and be more severe than a similar inflammation would be in a person of robust health. Without the injury, however, this form of disease would not be likely to develop.

On this subject Prof. Louis A. Sayre, in speaking of Pott's disease, says: "With regard to this affection, I have arrived at the conclusion, based upon an accurate and carefully recorded experience, that it is produced almost always—if not always—by some injury to the bone or cartilage, and is hence traumatic in its origin."

Accepting this view of the causes of Pott's disease, we find that concussion, or blows spending their force on the vertebræ, invariably give rise to the symptoms met with in the first stage of the disease. Such an injury usually occasions a disturbance of the ossific centres, which is followed either by an arrest of ossification and subsequent softening, or an active inflammation of one or more of the vertebræ. In the first case, the disease progresses slowly, and finally terminates in absorption of the anterior part of the bodies of the bones involved; while in the latter the inflammatory action runs its course rapidly and terminates in ulceration of the bones and the formation of abscesses. The soft, spongy texture of the bodies of the vertebræ and the intervertebral elastic cartilages is what renders them most

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liable to suffer from the results of concussion and to become the most common seat of the disease.

A long time may elapse between the receipt of the injury and the appearance of the deformity, and constitutional disturbances of a serious character may develop in the meanwhile. These disturbances are due to the development of psoas or lumbar abscess during the progress of the disease. The pus being prevented from finding a ready vent, by the dense surrounding fibrous tissue, gradually makes its way under the sheaths of the tendons and muscles, and finally escapes at some distance from the seat of the disease. It may escape externally between the ribs, penetrate into the thoracic or abdominal cavity, or follow the psoas muscle and point at the saphenous opening as an ordinary psoas abscess. A long time may be necessary for the pus to escape, and this gives rise to local irritation and blood-poisoning, which is soon followed by serious constitutional disturbances.

After softening and degeneration of the bone have taken place, the weight of the overlying portions of the body upon the diseased part causes absorption of the bodies of the vertebræ. As the absorption progresses the weight of the body causes the bones to press more closely upon each other, and, the bodies of the vertebræ being destroyed, the spinous processes are made to project backward so as to form a marked angular curvature.

This disease may occur at all periods of life, but is more common in childhood. Boys are more liable to it than girls, and those accustomed to the rougher form of sports more so than inactive children. The carelessness of nurses in not properly supporting the backs of infants, or allowing them to fall from a cradle or carriage, often gives rise to the disease in very young children. It may result from direct injuries, such as falls or blows upon the vertebræ, or from indirect violence, as concussions of the bodies of the bones from jumping from a height and striking violently on the feet, or falls upon the knees or buttocks. Investigation shows, however, that indirect violence is by far the most frequent cause of the disease.

Symptoms.—It is important that the surgeon should arrive at a correct diagnosis of Pott's disease in its early stages, and to do this he must examine his patient from head to foot and understand the significance of every symptom. When the deformity is once produced much of the mischief is done, and it is too often beyond the power of man to afford relief.

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When the patient complains of difficulty in swallowing a choking, sensation, an irritable and continuous cough and pain in the thorax, with an entire absence of any evidence of disease of the larynx, lungs or heart, we have reason to suspect disease of the cervical vertebræ. When the pain is in the lower part of the chest and in the region of the stomach and liver, with a sense of constriction around the body, accompanied by indigestion, flatulence and constipation, and pain in the cardiac region, which treatment has failed to relieve, the careful physician should not fail to examine the dorsal vertebræ. Again, when the chief disturbing symptoms are felt in the rectum and bladder, with frequent desire to urinate, an annoying tenesmus and darting pains running down the thighs, we have indicated the possibility of some trouble in the lower part of the spine.

Muscular contractions, resulting from reflex action, may be recognized early in the disease, no matter what part of the spine may be affected. When an examination is made the patient should be stripped naked. Each vertebra should then be carefully examined with the fingers, and it will be seen that the patient feels considerable soreness on pressure at the seat of the disease, long before there is any marked protrusion. In walking, the patient will elevate the shoulders and fix the muscles of the back so as to prevent the movement of the vertebræ upon each other, and at the same time relieve the spine from the weight of the arms. The patient will also reach from one article of furniture to another while walking across the room, and thereby support himself and relieve the pressure from the spine, and when no other support can be obtained the body is bent forward at the hips, and the hands placed upon the thighs.

The manner in which a patient stoops to pick up an article from the floor should also be carefully observed. If the shoulders are elevated and the spine fixed, the hips and knees must be bent in a squatting posture, which will allow the hand to reach the floor without bending the spine. When this motion is observed, it invariably indicates disease of the spine, as the patient finds in the early stage of the disease that every motion of the spine causes pain, and by instinct learns to fix the muscles of the back so as to prevent the motion of the vertebræ on each other.

For a further examination it is important to produce some extension of the spine. This may be done by means of the suspension apparatus, or an assistant may support the patient under the arm in such a manner as to take nearly all the weight off the feet. When

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the cervical vertebræ are involved, the extension must be applied from under the occiput and chin. As soon as this extension is made the difficult breathing and other symptoms are at once relieved, but are immediately reproduced as soon as the support is removed.

In speaking of the examination of children, Professor Sayre makes many valuable original suggestions. On this point he writes as follows:

"You will then strip the child naked and lay him across your lap, face down, with the arms over one thigh and the legs over the other, and then gradually separate your thighs. When that is done, the first thing you will notice, probably, will be that the child takes a long breath, a long-drawn sigh of relief; and this leads me to speak of another symptom, which I have omitted to mention. When the child is walking about, particularly if the disease is in the dorsal or lower cervical region, he breathes in a short grunting manner, because of the constant effort on the part of the muscles to hold the trunk still; in other words, there is a constant effort to put a *muscular splint* on the child's body to prevent motion in the spinal column, and thus the child, by his short grunting breath and muscular rigidity, is trying to teach us doctors what the indications for treatment are in his case. The pressure upon the intercostal nerves is sometimes so great as to produce almost spasmodic respiration. Now, by placing the child across the lap in the manner described, and then making gradual extension upon the spine, by separating your thighs, thereby relieving the nerves of all pressure, and the muscles from all irritation, the first thing that will be noticed is this long sigh of relief—*a full inspiration and complete expiration.* As long as the child is held in that manner, it will be perfectly comfortable and breathe easily, if you do not carry the extension so far as to produce reflex muscular contraction. Then close the limbs again, and the muscles are at once excited to contract, and the child again begins its short, catching respiration."

In whatever way extension is made there is liable to be more or less spasmodic muscular action as soon as the extension is removed. This is due to the renewal of the direct pressure made upon the nerve trunks at the seat of the disease when the support is removed.

When the sides of the bodies of the vertebræ are affected, the symptoms above described are not so pronounced, and the disease may make considerable progress before its true character is recognized. It is always important to examine the sides of the vertebræ

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as far as possible, by making pressure on the sides of the body, so that the heads of the ribs may be made to press their articulations with the bodies of the vertebræ. This gives the patient pain, and thus the key to the difficulty is obtained. Pressure on each rib separately, in the same manner, will enable us to ascertain the exact location of the disease.

Paralysis of the lower extremities may occur as a sequence of Pott's disease in the lower portion of the spine. It is due to pressure on the cord or nerve trunks, either from the distorted spine or effusion resulting from inflammation of the cord and its membranes.

One more symptom of the disease in the cervical region should not be overlooked. A patient will often be found sleeping with the head hanging over the edge of the bed, and can sleep comfortably in this way when it is impossible to do so in any other position. I have known this symptom to be present long before any of the others described. It is clear that the weight of the head in this position must stretch the spine and thus relieve the pressure.

The terrible deformities that follow Pott's disease do not occur when the trouble is recognized early, and are not considered in making a diagnosis in these cases. When the deformity is once produced it is apparent to every one, and if anchylosis of the bones has not already taken place we have only to consider that symptom.

Treatment.—All modern authorities agree that in the early stages of the disease absolute rest in the recumbent position is of the first importance. An air bed should be used, as it will accommodate itself to the weight of the body and thus prevent undue pressure on the spinous processes. Slight extension and counter-extension from the feet and head may be made once or twice daily, to aid in separating the inflamed bones. Should active inflammation be present, ice-bags should be placed on either side of the spine, at the seat of the disease. Dry cupping will be found useful if the pain is acute, and should be repeated every six or eight days, and followed by the ice-bags. Gelsemium, given internally, will be found a valuable agent, and it may be used freely with perfect safety.

When abscesses are discovered, they should be opened as early as possible and injected with a strong solution of carbolic acid, and subsequently treated antiseptically.

It is important that the patient should have plenty of fresh air and sunlight, as well as good, nutritious food, as softening, degener-

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ation and absorption are likely to take place more rapidly if the vitality of the system becomes reduced.

Strict attention to this method of treatment, although a long time is often required, will so improve the condition of the patient as to arrest the inflammatory action and relieve the pain or pressure over the affected part. If the patient is now allowed to assume the erect position, and should walk about, the weight of the body above the seat of the disease will either reproduce the inflammation or cause absorption of the bodies of the vertebræ and consequent deformity. To prevent this some mechanical support is necessary to keep this weight off the diseased bones and to retain the body in a natural position.

A great variety of instruments have been devised for this purpose, but in all the object seemed to be to overcome the deformity by pressure, without regard to the conditions that produced it; while in most cases the weight of the instrument did more harm than good, and in spite of all treatment, deformity after Pott's disease was the rule.

It was not till Prof. Sayre called the attention of the profession to suspension as a means of overcoming the deformity and relieving the pressure, that a rational method of treatment of Pott's disease was adopted; and the application of the plaster-of-Paris jacket during the suspension inaugurated a new era in the treatment of spinal deformities.

During the past ten years my practice in spinal deformities has been second only to that of Dr. Sayre himself, and I have had no occasion to change my opinion of the efficacy of the plaster jacket in their treatment. It is true one or two accidents have occurred through the carelessness of the patients in using the self-suspension apparatus, and bad results have followed the application of the jacket by careless and incompetent surgeons, but the treatment can no more be condemned on this account than can the use of anæsthetics because fatal results may follow their careless administration. When properly applied, the plaster-of-Paris jacket gives instant relief to the sufferer, allows him to walk with ease and comfort even when he could not stand alone before its application, is worn with greater comfort than any other apparatus, and is attended with none of the irritation of the skin that has been ascribed to it by practitioners who have not the patience or mechanical skill to apply it properly. While the method of application is extremely simple, close

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attention must be given to all the minor details, in order to meet with success in its use. A full and careful description of the various steps to be taken in this method of treating spinal deformities will be given in a future issue of the times.—ROBERT A. GUNN, M.D., in *Chicago Medical Times.*

A PLEA FOR THE NERVOUS.

THERE are many who regard the special consideration of nerve rest as absolutely unnecessary. According to them the greatest evil in the world is idleness.

"If men had only enough hard work they would soon sleep off their nervousness. It is thinking about himself that makes a man nervous. Instead of encouraging his introspection we ought to urge him to the pursuit of a useful occupation."

Such is the talk prevalent among people who call themselves practical.

It is true that if we would live more naturally there would be less nervousness. But we have, for several generations, been getting more artificial in our lives. The nervous system has been goaded to continuous exertion and subjected to constant strain. The effect of this upon each succeeding generation has been so deleterious that there have descended to us numerous persons whose nerves are naturally hypersensitive. To prevent these from becoming severe sufferers ordinary precautions are powerless. The advice just alluded to is excellent for the ordinary man, born with a strong nerve which has not yet been damaged by hurry for money or worry for bread. If followed, it would prevent healthy men becoming victims of nervousness; but something more is required for those who have inherited, or acquired, a hypersensitive nervous system. Most men and women of robust health deny the existence of any physical cause for nervous irritability. They insist that it is entirely mental and directly dependent upon the will of the sufferer. They would employ the word "actor" instead of "sufferer."

It is not surprising that we should doubt the existence of that which does not directly appeal to our senses. The writer remembers an instance of this in the case of two hard-working students who boarded in the same house. They were both vigorous in the use of

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knife and fork as well as of book. In course of time one of them began to complain of dyspeptic symptoms, the result of full diet with scant exercise. His companion laughed him to scorn as he avoided one and another of his favorite dishes. He insisted with "Robert the waiter" that a gentleman should no more think of consulting his stomach than he would his portmanteau as to what he should put into it. The sufferer, on the other hand, took the view of the French writer who defines dyspepsia as the "ingratitude of the stomach," and he determined to bring that ungrateful organ to its senses by systematic starvation. This physiological feud had not continued long before the scorner himself began to experience disagreeable sensations, which bore a striking resemblance to those of his fellow-student. For months he endured in silence the tortures of an invisible enemy "gnawing at his heart." Food gave him temporary relief; indeed, he was hardly ever comfortable except when eating, so that his appetite seemed to increase as that of his friend diminished, and his ailment consequently remained unsuspected. When at length he could bear it no longer he confessed his sufferings to his companion, and together they went to consult a physician.

In a similar manner I have seen not a few who have been sceptical of nervous suffering brought by severe personal experience to confess their error and apologize for their previous harshness of judgment.

That society at large is sceptical on this subject ought scarcely to surprise us when we remember that, until a very recent date, the medical profession maintained the same attitude. Even at the present day nervous subjects are generally regarded by "doctors" as most unsatisfactory patients. No sooner do they find such a one than they order him off to the mountains, or over the seas, anywhere to get rid of the trouble of treating him.

If your liver is deranged you have your choice of a score of remedies, from blue-pill to dandelion. You will be advised to increase your exercise and diminish your diet. Every friend you meet will tell you of something that is "good for the liver." He used to suffer just like you, but since he began to eat a raw carrot before breakfast, or to drink a tumbler of hot water at bed-time, he has been a different man.

If, on the other hand, it is your nerves that are at fault, your wisest course is to keep silence; for if you should, yielding to a de-

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sire for sympathy, reveal your affliction to a friend, he will probably smile upon you in the manner of a superior and inform you "what a foolish thing it is to let your nerves get the better of you."

There is more exquisite torture inflicted by the ignorant advice given to nerve victims than a healthy man can well conceive. They are told in such an off-hand manner "to keep down their nerves," that one would imagine their advisers knew of a "nerve cropper" in the next street, who could step in and prune the nerves as a barber trims the beard.

When a man, previously healthy, is suddenly seized with a nervous attack, we know that it must have had some definite cause, and we rarely fail to do something definite for its cure. Such an attack may be the result either of drink or worry. In the latter case the patient usually sees a lion in his path; in the former he is surrounded by an army of demons. We don't reason with a man in delirium-tremens and inform him that the "blue devils" are but creatures of his diseased imagination. We give him a dose of chloral and put him to bed. If a hospital surgeon fears to undertake an operation that he has successfully performed a hundred times, we do not try to overcome his disinclination by telling him that he is acting like a fool. We advise him to take a holiday, knowing that his fears will soon vanish with brain rest and upland air. Why, then, should we insult a victim of chronic nervous irritability by informing him that "he could live like other people if only he would"?

Some affect to believe that nervous subjects feign their ailments for the purpose of attracting attention and sympathy. It is quite true they frequently exaggerate their sufferings, but that is no excuse for denying their existence. Besides, it is natural to exaggerate a grievance so long as it remains unrecognized. Others admit the reality of the diseased sensations, but maintain that the only way to abolish them is by means of reason. They hold that nervous persons ought to be taught to control their nerves by their reason, and they insist that "plain speaking" is the strongest aid to recovery. Their experience seems to corroborate this opinion. The sufferers cease to complain to them, so they fancy that their "plain speaking" has effected a cure. This fancy is, however, very far from the fact, which is that the patients have transferred their complaints to a more sympathetic ear.

It is not easy even for healthy persons to disregard their sensations and act according to pure reason. It is said that there are few

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travellers who can descend the Rigi railway without leaning all their weight against the back of their seat in order to "ease the locomotive." Reason tells them plainly that their efforts are futile; but although they assent to her teaching they cannot reduce it to practice. If it be so difficult for a healthy man to act contrary to his sensations, how can we expect it of one whose nerves are in a condition of excessive irritability, a condition which renders him liable to impressions of unusual intensity?

When Dives, returning from the banquet, asserts that there are two moons in sight, we do not hope there and then to convince him of his error. Not until "the wine is out" shall we be able to persuade him to the contrary. By that time, however, he will not require persuasion, his own observation will satisfy him. So it is with a nervous patient. The nervous system must be restored to health before argument can have due effect, and when the nerves are thus restored argument is needless. All foolish fancies and diseased sensations will then gradually disappear.

It is absurd to assert that there can be nothing amiss with that nervous system which does not present any manifest structural alteration. A man may be utterly insane without any appreciable change taking place in the tissues of his brain; yet no one now denies the necessity for the medical treatment of lunatics. Nervous irritability might aptly be described as insanity of the nerves, and it is certainly quite as deserving of recognition and treatment as insanity of the brain. He whose brain is insane is generally oblivious of the opinion of his fellows, whereas he of insane nerves is usually acutely conscious of want of sympathy on the part of his friends. A harsh word or an unfriendly glance will worry him as much as a heavy loss. Indeed, many such sufferers are driven to drunkenness through dread of the petty annoyances of daily life.

But all nervous subjects cannot be called severe sufferers. There are cases in which certain local nerves have, from various causes, become so perverted in function as to produce troublesome effects, and in which strong mental control on the part of the patient has cured the disease. Take the following instance: A young lady, in other respects healthy, had gastric nerves so wayward that they would only permit a very small amount of food to remain on the stomach. This condition produced both debility and inconvenience. Her physician told her that she might by a strong mental effort free herself from the ailment. She tried her best, but failed. It became

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apparent that she did not possess sufficient will-power for the task. The physician therefore decided to assist the will by inducing a strong emotion with respect to the ailment; and this he effected in the following manner: Going to the future husband of the lady, he urged him to inform her that their union could not take place until she was cured. The time fixed for the marriage was near at hand, and the shock of such news had an immediately beneficial effect. Her gastric nerves began to resume their normal functions from the moment of that interview.

But the cases in which such treatment is beneficial are very rare. Even when successful in abolishing the ailment, it may prove highly injurious to the patient, who thus strains one set of nerves to control another; for if the higher nerves are not much stronger than the lower, general nervous prostration will ultimately supervene. Many local nerve affections carry off irritation from the nerve-centres, just as an attack of gout in the great toe frequently relieves an irritable brain. It is therefore dangerous to suppress a local symptom without previously removing any existing central disease. In the case just related the central nervous system was healthy; consequently no harm resulted from suppressing the local symptom.

Sea-sickness is a familiar example of central nervous disturbance being relieved by the excitement of a distant local effect. Those whom the sea affects, and who cannot be actually sick, generally suffer intense nervous headache. In order to prove that sea-sickness is within the control of the voyager, a ship's surgeon intimated, on leaving port, that his cure for sea-sickness was the application of a hot iron to the spine. Not "a single complaint" was made during the voyage. This scientific inquirer thought that he had proved his point, but we may rest assured that his intimation acted not entirely in the manner intended. There were probably many cases of sickness which never reached his knowledge, and many cases of intense nervous headache produced by restraining the natural mode of relief. The best way to avoid sea-sickness is to lessen the irritability of the entire nervous system by means of a sedative drug. For a similar reason the safest way to cure the majority of nervous affections is by means of nerve rest, to reduce the general nervous excitability of the patient. What is meant by nerve rest will appear later. At present let us inquire how the prevalent mistaken notions of nervous complaints have arisen. The following case will serve as an illustration:

Several years ago the wife of a scientific man was seized with

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what is called "hysterical" paralysis of the lower limbs. She was informed that her inability to walk was not the result of any organic change, but merely of nervous debility, and she received the usual routine advice, viz., that "she must fight against her feelings and make constant efforts to overcome the paralysis by force of will." She followed this advice for a long time, but, getting gradually worse, she gave up all attempts at walking, and resigned herself to the ignominy of a Bath-chair. After many months of rest the use of her limbs was suddenly restored. One summer's day she was left on the sea-shore by her husband, who went a short distance for a newspaper. During his absence a half-intoxicated Highlander approached the lady and threatened to kiss her. In terror she jumped from the Bath-chair and made off in search of her husband. From the date of that incident she gradually recovered her power of locomotion.

At first sight this case seems to support the treatment by forced walking. On consideration, however, it becomes apparent that rest, not exercise, was the means of cure. As long as the patient forced herself to walk she grew worse. Her cure was effected by the prolonged rest to which she subjected herself in the belief that she was incurable. She came to accept the paralysis as inevitable, and this gave her mental rest; for she entirely ceased to worry about recovery. Had she continued to make walking efforts, or even mental efforts, towards recovery, she would not have recovered so soon. The fright to which she was subjected merely revealed to her the fact of her cure. The sudden emotion communicated nerve power to those limbs from which for years it had been excluded; but no such emotion could have enabled her to continue walking if a cure had not been previously effected.

Under great excitement a half-cured patient will sometimes dance at a ball or climb a mountain, only to lapse into deeper exhaustion when the mental stimulus is removed. It is, therefore, highly injudicious to urge a nervously exhausted person to exertion before he has had rest sufficient to enable him to lay up a fresh store of nervous energy. Under the "forcing" system one patient walked herself almost into a lunatic asylum to ward off a threatened attack of hysterical paralysis. This is an instance of the lower nerves being controlled by the higher, to the detriment of the latter. It was ultimately decided to prohibit walking in this case, the power

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of reason being considered of more importance than that of locomotion.

Against the rest cure it is frequently urged that if you once put a nervous woman to bed she will remain an invalid for life. This mistake has arisen from want of experience, for until Dr. Weir Mitchell inaugurated this treatment, no systematic rest had been employed in this class of cases. Patients were prevented taking to bed until they could hold out no longer, and were obliged to lie still by sheer nervous exhaustion. Then the doctors gave them up as incorrigible, and they were allowed to follow their own inclination.

Their further histery is interesting and instructive. They now become chronic invalids, with whom, according to "everybody," there is nothing the matter. They are tortured by the consciousness that their ailments are doubted, and this goads them to exertion whenever they are able to move. Thus they squander every small gain of energy, and still further delay the cure. As long as such efforts are continued recovery is impossible; but when hope of cure ceases, and the *rôle* of invalid is fully accepted, the nerves are allowed to enjoy rest, and begin to gather strength.

If the patient be now removed from sources of agitation, and rest continued for a sufficient period, the exhaustion may ultimately pass away. This favorable result would take place sooner in many cases if the sources of agitation were fully appreciated by friends and attendants. But it is almost impossible for them to understand that trivial circumstances can be of much moment to the patient. They generally regard any apparent ill-effects from trifles as the pure result of imagination, and consequently ignore them. They do not know that the diseased imagination is a part of the ailment, which absolute nerve rest is calculated to remove. In the time of rest, however, a new difficulty arises. The muscles, through want of exercise, become weak and flabby, and are utterly unable to respond to the call of the renewed nerves. A period thus arrives when, although the nerves are cured, the patient is still unable to walk, through muscular weakness. There being no apparent difference in her symptoms, neither she nor her friends suspect the favorable change in her condition. It is at this stage that "wonderful" cures are wrought. If a faith-healer now gains an influence over the patient, he will soon work a "miracle." If a new physician be consulted, he will gain credit by carrying out the old-force method. All that is necessary is, by compelling her to walk, to reveal to the patient the

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fact of her cure, and to get her muscles strengthened by exercise. One medical man used to drive such patients a short way from home and compel them to walk back. He was said to have performed remarkable cures, but as his successful cases had always been a considerable time confined to their couch, they were practically cured before he undertook them. By the adoption of systematic nerve rest at an early period of the disease its duration is materially shortened, and, as the muscles are kept in daily exercise by massage or electricity, the otherwise inevitable muscular enfeeblement is prevented. Thus, whenever the nerves are able to command, the muscles are ready to obey, so that there is little fear of the patient drifting into chronic invalidism. Indeed, it is quite surprising how much walking such persons voluntarily accomplish on quitting their bed of treatment.

During the old haphazard days these invalids frequently showed all the symptoms of starvation in the midst of plenty. Want of exercise diminished appetite and nervous worry hindered digestion. It was from this class that our notorious fasting girls were constantly arising. A part of the present treatment consists in persistent over-feeding. Three substantial meals are given daily, with savory sops or morsels every two hours between. It might seem as if a sudden transition from the borders of starvation to the centre of repletion would create nausea, but it is not so. The amount of exercise undergone in massage equals a walk of several miles daily, so that there is more appetite in two hours than there used to be after a whole day's fast.

Within the limits of this paper it is impossible to discuss the various means adopted to obtain nerve rest. As there are many degrees of nervous exhaustion, so are there many methods of restoration. What would be pleasant exercise to one might prove laborious exertion to another. In all cases, however, complete nerve rest implies *the maintenance of agreeable sensation and the avoidance of nervous agitation.* It may not be possible to obtain such absolute rest as is here indicated, but the aim of treatment is to secure as near an approach to it as can be attained by legitimate means. No means is used which might injure the general health.

The fact that women are more liable than men to the severer forms of nervous exhaustion is one reason why the cases quoted in these pages are chiefly those of women. Another reason is that, in

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men, it is rarely possible to study this stage of the disease uncomplicated by the effects of alcoholic indulgence. Most men who find themselves becoming victims of nervousness endeavor to escape the worries of life by taking refuge in drink; so that they usually bring upon themselves other diseases of alcoholic origin. In women this was not formerly the habit, but there is reason to believe that the late increase in inebriety among them is largely due to the spread of nervous exhaustion. On the other hand, there are many cases in both sexes where alcoholic indulgence has undoubtedly been the chief cause of the ailment.

Although the most severe forms of this disease have alone been discussed, it must not be supposed that milder forms do not also require special nerve rest. This cannot be secured without more or less change being made in the ordinary mode of life. Nervous agitation is the chief cause of nervous exhaustion. It is *almost* impossible even for a healthy man to avoid a certain amount of agitation in connection with his affairs, while for the nervous man it is *absolutely* impossible. For the latter, therefore, a frequent holiday is essential. The way of spending such a holiday is a matter of urgent importance.

Many nervous sufferers return home worse than when they left. They climb mountains in Switzerland when they ought to be loitering on the sea-shore or lounging on the deck of an ocean steamer. They rise early "to make the best of to-day," when they had better lie several hours longer to fix the benefits of yesterday. Like the unskilled rider, who dismounts for relief, they are frequently driven to bed to recover from their holiday exertions.

The amount of exercise must be regulated by its effects on head or spine. Mere muscular fatigue must be overcome by regular walking, but nervous fatigue must be entirely avoided. If the patient cannot take sufficient exercise to sustain his appetite and digestion, he had better undergo an hour's massage daily. And when he has once gained the power of walking from five to ten miles a day without fatigue of head or spine, he ought by constant practice to endeavor to retain it.

There is no better preventive of nervous exhaustion than regular, unhurried, muscular exercise. If we could moderate our hurry, lessen our worry, and increase our open air exercise, a large proportion of nervous diseases would be abolished.

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For those who cannot get a sufficient holiday the best substitute is an occasional day in bed. Many whose nerves are constantly strained in their daily vocation have discovered this for themselves. A Spanish merchant in Barcelona told his medical man that he always went to bed for two or three days whenever he could be spared from his business, and he laughed at those who spent their holidays on toilsome mountains. One of the hardest worked women in England, who has for many years conducted a large wholesale business, retains excellent nerves at an advanced age, owing, it is believed, to her habit of taking one day a week in bed. If we cannot avoid frequent agitation we ought, if possible, to give the nervous system time to recover itself between the shocks.

Even an hour's seclusion after a good lunch will deprive a hurried, anxious day of much of its injury. The nerves can often be overcome by strategem when they refuse to be controlled by strength of will.—JAMES MUIR HOWIE, *in the Nineteenth Century.*

SPIRIT OF THE MEDICAL PRESS.

THE *American Medical Journal* remarks of the bill in the legislature, of the new State of Washington, that "like the majority of such bills, it has been concocted by a medical party, with all the party sectarianism instilled." The editor declares: "It is a commentary—shameful, but true—that when a single medical denomination gets up a bill, it is not to 'regulate the practice of medicine,' but to protect and defend its own interests.

"Our legislatures should enact a law that no bill to regulate the practice of medicine should be heard or countenanced until authoritatively signed by the different State medical societies of the State. This would save a wonderful amount of expense, and would come somewhere near the attempt to regulate. . . . This kind of medical regulation is sickening and disgusting, and will never become a stepping stone to the profession of medicine. In this country it is school against school; but in other countries it is a fight in the same school, arising from mere national prejudices."

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THE Georgia *Eclectic Medical Journal* defines eclecticism in medicine. "It is the system of medical practice that discards routine-prescribing for a name, regardless of existing pathological conditions to indicate the remedy or remedies. All diseases are attended with pathological conditions or lesions calling for certain remedies. The empirical way of giving remedies according to the name of a disease, regardless of the peculiar lesions or conditions of the disease, can never be followed by any marked success, as the sad record of the past will attest. . . .

"Eclectic practitioners encourage the investigation of new remedies, so as to increase our means of curing disease. They encourage liberality and tolerance in the profession, that scientific truth may be gleaned from all sources. They discard the mere opinions of men when not founded upon facts—which they regard as the only trustworthy means of arriving at the wanted success in the treatment of the ills of life. . . .

"Many remedies act by removing obstructions to practical action. Other remedial agents cure diseases by tonicity,—by increasing vital force,—thereby aiding the '*Medicatrix Naturæ*.' And many remedies cure diseases by neutralizing the blood-poisons producing disease. And taking into consideration these facts, eclectic physicians ignore all dogmatic laws in therapeutics."

DR. H. T. WEBSTER of the California *Medical Journal*, answers the question: "What is Eclectic Medicine?" He states that it is the American practice originating in this country, and broad and liberal in its principles and precepts as other American institutions. "It implies and means liberality toward the views of others, instead of the arrogant assumption of a selfish right."

The article sets forth how the designation of the school was selected. The Thomsonians and other reformed physicians were holding a convention at Fitchburg, Mass., at which the selection of a name gave rise to acrimonious discussion. Finally, Dr. Sperry, of Connecticut, taunted a speaker who asserted his purpose to select remedies everywhere, and discard objectionable agents and measures: "You are an eclectic." Dr. Worth Beach at once arose and declared that to be the very name he had been seeking. "The day will come," said he, "when the active medical world will be a unit under its precepts."

"It will thus be seen," says Dr. Webster, "that 'eclectic,' as

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applied to medicine, does not mean a system or dogma. It is rather a principle embodied in the apostolic injunctions: "Try all things; hold fast that which is good." It would be difficult to formulate the doctrine, for every member is a law unto himself in many respects; though intelligent liberality, founded upon a liberal education, industry in the matter of constant investigation, progress and eminent success in practice, are the distinctive features of every one of its proper followers. Its motto is: "Sustain the vital forces;" and its code of ethics: "The Golden Rule."

THE *Eclectic Medical Journal* (Cincinnati), replies to an inquirer who desires it "to epitomize the fundamental principles of eclectic medicine as distinguished from all other systems—a sort of confession of faith on which all can or ought to agree.

"Eclecticism as a sect in medicine," the editor declares, "is 'guided by certain fixed principles.'

"If one will read the *fathers* of eclectic medicine, they did not propose a promiscuous choosing from other people, nor did they teach that every student or doctor should 'choose.' It was not a system of *choosing* at all. The choice had been made and dogmatically stated, and there was to be no variation or shadow of turning in the adherents of this 'reform in medicine.' What was it in brief?

"It was this: 'That all remedies or means employed in the treatment of the sick shall be non-poisonous. They should not be capable of doing present harm; they should not endanger life; nor should they leave future impairment of health.' Conversely, the remedies and means employed should give present relief, should strengthen the life, and should give good convalescence, and after-good health.'

"I have made the statement in my own language, though I have used very nearly the form in which it was put a score, as it may be a hundred, times. There was a clearness in the earlier statements of belief that could not be mistaken. They were stout, hearty, truthful men, who believed to the death, if need be. We are their legitimate successors, and I believe the mass of eclectics to-day would say Amen to these principles."

THE *Medical Free Press*, of Indianapolis, Ind., has for its leading paper a discussion of "Woman's Sphere in Medicine," by Joyce F. Hobson, M.D. "Woman," it says, "has battled along from decade to decade until the present century, devoting her time almost entirely

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to obstetrics. But when she came forward again the last time, she was not content with the one branch alone, claiming a right to delve into what had to her been the hidden mysteries of the art. . . .

"That all women are not adapted to this profession we admit. Neither are all men. But we do contend that when a woman's whole soul and energies are concentrated in that direction, and she loves her work, she will show more energy, perseverance, and devotion to the profession. She may not be adapted to surgery as well as to some other departments; yet there are quite a number of very skilled surgeons who wield the scalpel and perform even the most difficult and delicate operations with as much skill and ease as the opposite sex."

THE Chicago *Medical Times* calls attention to the importance of attending State society meetings. It gives its views as follows:

"In the first place, the meeting should be very attractive. To be attractive, it must be of value to every member. To be of value, every member must consider himself not an onlooker, not merely a parasite to absorb and not contribute, but an essential component factor; one upon whom devolves the responsibility of providing a definite portion of the entertainment of the other members.

"With this idea in mind, every working Eclectic ought to give up his business for three days and attend the annual meeting of his State society, after having spent a necessary amount of time and labor on the preparation of a good paper on some practical topic, short, condensed, and right to the point. Then look over the programme sent you, and prepare your discussion by observing the topics to be presented by other writers, and collect good thoughts on those topics.

"The business of the session should occupy the shortest possible time, and full time should be devoted to the discussion of papers and case-conversations."

ANTIDOTE TO THE OPIUM HABIT.—The South American remedy Coca, besides being a valuable tonic in all cases of general muscular exhaustion, has been found of great service as an antidote to the opium habit. It has been known to entirely cure a patient who was in the habit of consuming thirty grains of morphine daily. Whenever the craving for opium is felt a tablespoonful of the Fluid Extract of Coca should be given, and this can be repeated several times a day. The drug imparts increased vigor to the muscles, accelerates the circulation and strengthens the nerves, thus overcoming all the conditions which cause a craving for opium in those who have been accustomed to use it.

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Editor's Table.

MEDICAL LEGISLATION.

A MAMMOTH petition bearing the signatures of over fifty-one thousand citizens was recently presented to the Assembly at Albany in favor of Ballot Reform; and an endeavor to prevent its reception and reference was overruled by Speaker Husted. This petition was the result of a popular demand for the asked for reform, which few legislators are willing to ignore.

Many of our readers will remember that a mammoth petition over one hundred and fifty feet long was presented to the Assembly of New York in 1844 asking for freedom of medical practice.

Prior to that year no one could practise medicine in this State but members of allopathic medical societies, and Samuel Thomson and others had been imprisoned for attempting to relieve human suffering. This so incensed the people, that they petitioned the legislature for the repeal of the then existing law regarding the practice of the healing art.

There was wailing and gnashing of teeth, but the desired legislation was had. The repealing law made every person attempting to practise medicine liable to prosecution for malpractice, but left the field open to any one who desired to become doctors. Thus Thomsonians, Botanics, Homœopaths, and Eclectics were permitted to offer their treatment to the public without the interference of the old school; and thus began an era of medical progress that has evolved the medicine of to-day from the heroic and death-dealing practice of fifty years ago.

From 1844 to 1874 no medical statute disgraced the statute-books of the State of New York, and during that time medicine made more rapid strides than during any period in American history. This has been true not only of medicine, but of science in general in all parts of the world. Every step toward progress has been made not only without, but in spite of, legislation; and it is certainly a confession of weakness for any profession to ask protection by legislative enactments. A profession that cannot stand by its own merit deserves to

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fall; and it is only those who have neither the knowledge nor moral courage to do this who ask for legislation of any kind.

It is claimed that medical legislation is in the interest of the people. But nobody from among the people has asked for legislation; they were satisfied with the law of 1844. The doctors have asked for legislation that will make it possible for them to secure the monopoly of the medical practice.

The old school has long refused to recognize the eclectics or homœopaths, and have even refused to receive such students in their medical colleges. They thought this action just and defensible. Yet, how indignant they are at the present writing over the recent action of the German universities in refusing to recognize the graduates of any American medical colleges. They are thus made to feel the sting of a bigotry and intolerance which for many years they themselves manifested toward a large and intelligent class of their own countrymen.

Many States have already passed partisan medical acts, and the doctors of this State have for several years tried to secure the passage of bills that would practically place the control of the profession in the hands of the dominant school.

One State Medical Act, however, has been set aside as unconstitutional, and four others have been overhauled and some of their obnoxious features annulled by the courts; so true is it that medical bills are almost, if not entirely, outside the Constitution.

We believe the era of medical legislation is passed, especially in this State, and that the matter of medical practice will be left to settle itself under the universal law of the survival of the fittest.

The entire question is beyond the province of legislation. People will employ whom they please to minister to their physical ills, and certainly the State has no right to interfere. So long as any are ignorant or credulous on medical subjects, so long will the charlatan flourish, whether he be styled a professor in a medical college, or the "Only original Indian doctor."

Those who are really in earnest in elevating the profession should direct their efforts toward educating the people. This done, a physician will need be thoroughly educated to secure a practice. Merit and attainments will then be recognized and rewarded accordingly, and ignorant pretenders would find no place from which to derive their fungoid existence.

Skilful physicians do not require to have laws enacted to protect

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them against the ignorant. It is only the army of half-taught, intolerant bigots who are constantly calling for legislation "to protect the public against imposture and ignorance in medicine." As people become more enlightened there is less need of legislation of any kind: and certainly this should be true of the healing art.

This whole growth of medical legislation must be summarily uprooted, because its tendency is to encroach upon personal liberty, guaranteed by the Constitution of the United States; and we must look to the liberal physicians of America to inaugurate the movement that will unite the liberty-loving people in a fight against medical despotism, that will continue until every medical law is swept from our statute-books; for we believe that then, and not till then, will medicine occupy its true position as a science.

WAR AMONG THE HOMŒOPATHS.

THE recent attempt of the New York County Homœopathic Medical Society to induce the Commissioners of Charities and Corrections to disband the Medical Board of the Ward's Island Hospital, and appoint another from among the members of said society who were recognized as strict homœopaths, is another illustration of the narrowness and bigotry that characterizes the dogmatism of the schools.

The society accused the medical board of being false to the teachings of homœopathy, in that they did not confine themselves exclusively to the homœopathic practice, and yet Dr. Schley, the spokesman of the society, said he always practised homœopathy, "except in cases where the remedies failed to give relief." This admission, that homœopathic treatment did sometimes fail, proved the soundness of the judgment of the medical board in striving to cure their patients without reference to the school of practice employed.

Failing of their purpose to have the medical board removed, they next preferred charges against Dr. Egbert Guernsey, the veteran homœopath of this city, who is the president of the Medical Board of Ward's Island Hospital, and Dr. Rankin, one of the staff.

The specifications of the charges are numerous, and are based on certain utterances of Dr. Guernsey as published in the *New York*

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Medical Times, and which, to us, have the sound of honest conviction and a desire that his school should no longer masquerade under false colors. Yet they have no desire to hear the truth, and have consequently, without warrant of their constitution or code of ethics, found Drs. Guernsey and Rankin guilty, passed a vote of censure on both, and declared their intention of expelling Dr. Guernsey if he did not resign.

This reminds us of the North German Medical Association threatening to censure Prof. Rudolph Virchow, in 1883. He regarded the instincts of a gentleman and the honor that leads a man to render justice as paramount to the peck-measure ethics of a conceited gang of half-fledged medical men, answered them with hearty contempt, and withdrew from the association. He is to-day the President of the Tenth International Medical Congress which meets at Berlin in August.

Like Prof. Virchow, Dr. Guernsey is stronger than his society, and his resignation will weaken it while it will materially strengthen himself.

His offending is found in the following:

"We do not believe there is a single member of the faculties of the so-called homœopathic colleges in New York and Philadelphia who do not almost daily administer remedies which in no sense can be called homœopathic. In name they are sectarian, fighting with all their force for a name which binds them to exclusive practice, and yet in the sick-room unsectarian, broad and liberal, bringing to their aid facts and suggestions culled from a large reading of the literature and experience of all schools. Dr. T. F. Allen, at one time one of the most enthusiastic apostles of so-called high-dilution homœopathy, now admits that it is unreliable and delusive, and says that homœopathy should be taught in all medical schools, but it should constitute only a part of the course of study. We do not hold that homœopathy is the exclusive and only law of healing."

This appeared in an editorial in the *N. Y. Medical Times* in June 1887, while in August 1889, in reviewing President Helmuth's address before the American Institute of Homœopathy, he writes as follows:

"The question is, if, while believing as we do in the principle of *similia* as the keynote of a scientific therapeutics, we deny its universality as a law of cure, and freely utilize the dogmas of all schools and the facts and experiences gathered by all workers in the great

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field of medical science, we can legally or honestly call ourselves homœopathic physicians."

Our own personal experience with homœopathic physicians in consultation at the bedside confirms the statements of Dr. Guernsey. We have known professors coming from the lecture-room where they had assured their students that the thirty-second dilution of common salt would cure malarial fevers, and within half an hour recommending quinine in five-grain doses at the bedside of a patient suffering with ague and fever. When asked why they did not adhere to their own teaching in practice, they would answer, "We must give appreciable doses in cases like this."

We are at a loss to understand how such methods can be squared with the high integrity professors are supposed to possess, and which they attempt to inculcate in the minds of their students. When students pay for instructions as to the best methods of treating disease they are defrauded by teachings that are neither believed nor practised by the professors themselves. When the public employ physicians under the belief that they are being treated homœopathically, and yet are given full doses of allopathic medicines according to allopathic principles, they, too, are victims of unwarranted deception and fraud. It is well, then, that believers in homœopathy should know that they are often duped, and thus learn that many of the cures attributed to homœopathic treatment, pure and simple, may have been brought about by rational medication.

When we endeavored to establish a medical college where all the systems of treatment should be taught, we were fought alike by the allopathic, homœopathic, and eclectic schools; but we believe the time is not far distant when the profession and public alike will demand such medical colleges, and when our ideas of medical education will be accepted as the only rational ones by which to fit men and women for the successful and rational practice of medicine.

It is only by selecting what is best from all schools of medicine, which implies rejection of everything that has been demonstrated to be either useless or injurious, that we can expect to successfully cure disease. Those only who follow this course are the successful physicians, and they should be fearless enough to throw off the yoke of the schools, especially when they no longer accept their doctrines.

Dr. Guernsey has the courage of his convictions, and will doubtless continue to voice the opinions of the large and intelligent class of homœopaths who believe that *similia* is not the only law of cure.

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RECENT PUBLICATIONS.

THE additions that have been made to our medical nomenclature during the past decade have made a new medical dictionary a necessity not only for students but also for the busy practitioner, who finds it no easy task to dig out the exact meanings of terms with which he is not familiar. The National Dictionary* is a timely publication, and the manner in which Dr. Billings and his collaborators have performed their work must meet the hearty approval of the profession. The technical terms used in medicine and the collateral sciences in English, French, German, Italian, and Latin are included, and definitions of 84,844 words and phrases are given. This makes the work specially valuable and it saves the necessity of frequent references to the dictionaries of these respective languages.

The tables of doses of medicines, poisons and their antidotes, the size of the fœtus at different stages of development, size and weight of the different organs, nutritive values of foods, and the comparative table of the old and new systems of numbering spectacles, are admirably arranged for ready references.

No physician who desires to keep pace with the medical progress of the day can afford to be without this work, and in recommending it to our readers we feel confident that they will soon find themselves many times repaid for its purchase.

FOSTER'S Encyclopædic Medical Dictionary† is another candidate for professional favor. This work is arranged on the same general plan as the preceding, but is much more exhaustive and elaborate, and will be completed in four large quarto volumes of about 750 pages each. Dr. Foster began this work in 1881, and he and his collaborators have since devoted themselves to it with great earnestness. When the work is finished a complete list of authorities will be appended to the last volume, and by a reference to certain figures inclosed in brackets, which are to be found in almost every article, the student is informed what authorities have been consulted. Thus a ready reference can at all times be made to the authorities on any subject, and an easy way is opened to pursue special studies in any field of medicine of the collateral sciences. It is well named an encyclopædic dictionary, for it not only gives much valuable information on every subject, but also the correct pronunciation of every word. Many physicians would do well to give special attention to this last-named feature, for it too often happens that they fall into a habit of mispronouncing technical terms. The work is profusely and appropriately illustrated, and of the illustrations, those taken from Lloyd Bros., work entitled "Drugs and Medicines of North America" are among the most valuable, as they give the student a better idea of the appearance of our medicinal plants than can be got from description alone. The work will hardly have an extensive sale, but it cannot fail to find favor among close students who are pursuing special lines of study.

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* The National Medical Dictionary. By John S. Billings, A.M., M.D., LL.D., 2 vols., 731 and 799 pages respectively. Philadelphia: Lea Brothers & Co., 1890.

† An Illustrated Encyclopædic Medical Dictionary. By Frank P. Foster, M.D. Vol. I., pp. 752. New York: D. Appleton & Co.

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MEDICAL SOCIETY ANNOUNCEMENTS.

THE WISCONSIN ECLECTIC MEDICAL SOCIETY, will meet at Zanesville on the 3d day of June, 1890.

THE VERMONT ECLECTIC MEDICAL SOCIETY meets in annual convention at Montpelier, June 4th and 5th.

THE MASSACHUSETTS ECLECTIC MEDICAL SOCIETY will hold its annual meeting at Boston, June 5th and 6th.

THE CONNECTICUT ECLECTIC MEDICAL ASSOCIATION will hold its thirty-fifth annual meeting in the city of New Haven on Tuesday, May 13th, 1890.

THE ILLINOIS ECLECTIC SOCIETY will meet at Springfield, May 20th. Dr. F. Ellingwood, editor of the *Chicago Medical Times*, is president, and a full and interesting meeting is anticipated.

THE MICHIGAN ECLECTIC MEDICAL AND SURGICAL SOCIETY will meet at Grand Rapids, May 21st, 1890. The officers expect a large meeting, and promise a full attendance from that State, at the meeting of the National Association.

BENNETT COLLEGE POST-GRADUATE COURSE.—The Bennett Medical College announces a Post-Graduate Polyclinic, to begin about April 1st and to continue till September 15th. A term will continue six weeks, although the student can attend as many terms as he pleases. Practical instructions will also be given in chemistry and microscopy. This evidence of prosperity and enterprise at "old Bennett" is most gratifying.

THE ECLECTIC MEDICAL SOCIETY, of the State of New York, will hold its annual meeting at Geological Hall, Albany, on March 26th and 27th, 1890. It is hoped that this meeting will be largely attended, as much important business is to be transacted in connection with proposed medical legislation. With over six hundred eclectic physicians in this State, the meetings of this society. should exert no small influence in preventing any sectarian medical legislation.

THE TENNESSEE STATE ECLECTIC MEDICAL SOCIETY will hold its next annual meeting in Nashville, April 8th and 9th, as announced by President W. N. Holmes, M.D. The interest of ourselves individually, and the cause of Eclectic medicine, in Tennessee especially, urge upon us the duty of giving our time and labors to this meeting, counselling together for our common welfare, the good of the organization and progressive medicine—Eclecticism—everywhere. Let every one resolve to be in attendance for business purposes, and each one should contribute to the literature of the Society, in the way of an essay, or paper, upon some familiar subject, or report of cases of interest to the profession. Headquarters will be at the Nicholson House, where reduced rates have been secured for all who may attend.

TENTH INTERNATIONAL MEDICAL CONGRESS.—Doctor Rudolph Virchow, and his associate vice-presidents and secretary-general have issued their invitations to the Tenth International Medical Congress, to be held at Berlin from the 4th to the 9th of August, 1890. The chief medical societies of the empire and medical faculties have, through delegates, made the arrangements. A special committee of

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organization has also been appointed for each of the different sections, to arrange the scientific problems to be discussed at the meetings of its respective sections. An International Medical and Scientific Exhibition will also be held by the Congress. "We have the honor," the invitation concludes, "to inform you of the above decision, and at the same time cordially invite your attendance at the Congress. We shall esteem it a favor if you would kindly extend this invitation to your friends in medical circles, as way may offer." All communications must be directed to DR. LASSAR, General Secretary, Berlin N. W., KARLSTRASSE 19. We judge by the foregoing that the obnoxious partisan and proscriptive distinctions of schools of medicine which disgraced the meeting at Washington will not be permitted on this occasion. Physicians and scholars will in such case be eligible, even if not fitting the Procrustean code.

THE NATIONAL ECLECTIC MEDICAL ASSOCIATION will hold its twentieth annual meeting at Niagara Falls, N. Y., on the 17th, 18th, and 19th days of June, 1890. Important business vital to the cause of Reformed Medicine and freedom in Medical Practice will come before the meetings. The old arrangement of sections will be followed, as most productive of the legitimate aims of the Association, and as most fair to the general members. Members are earnestly requested to give the matter early attention, and to prepare themselves to participate. They will save much trouble as well as chagrin to themselves, by communicating at once to the Secretary of the section with which they wish to be connected, or to the Secretary of the National Association. All are desired to be present and take part. The sections, as designated by the President, W. T. Gemmill, M.D., Forest, Ohio, are as follows: § A. *Public Hygiene, State Medicine, Medical Jurisprudence, Physiology and Pathology.* Chairman, J. W. PRUITT, M.D. (V.P.) Russellville, Arkansas; Secretary, J. V. STEVENS, M.D., Prairie du Sac, Wisconsin. § B. *Practice of Medicine, and Clinic Medicine.* Chairman, F. H. FISK, M.D. (V.P.) Nashville, Tennessee; Secretary, H. S. MACMASTER, M.D., Dowagiac, Michigan. § C. *Obstetrics, Gynæcology and Diseases of the Pelvic Viscera.* Chairman, J. C. BUTCHER, M.D., Urbana, Ohio; Secretary, FINLEY ELLINGWOOD, M.D., 3656 State Street, Chicago, Ill. § D. *General and Orthopædic Surgery.* Chairman, E. YOUNKIN, M.D., 1015 Garrison Avenue, St. Louis, Mo.; Secretary, W. M. Durham, M.D., Box 123, Atlanta, Georgia. § E. *Ophthalmology, Otology and Laryngology.* K. O. FOLTZ, M.D., Akron, Ohio; Secretary, J. TASCHER, M.D., 513 West Chicago Avenue, Chicago, Ill. § F. *Electro-Therapeutics, Physiology and Nervous Diseases.* Chairman, T. GARTH, M.D. (V.P.) Clarion, Iowa; Secretary, GEORGE E. Potter, M.D., 9½ Orchard Street, Newark, N. J. § G. *Materia Medica, Medical Botany and Medical Chemistry.* Chairman, G. HERMANN MERKEL, M.D., 128 Boylston Street, Boston, Mass.; Secretary, B. L. YEAGLEY, M.D., Box 13, Johnstown, Penn. § H. *Dermatology and Microscopy.* Chairman, D. B. WILLIAMS, M.D., Opelika, Alabama; Secretary, J. D. CRUM, M.D., Owasso, Michigan. § I. *Pediatrics.* Chairman, L. L. RANDOLPH, M.D., St. Louis, Missouri; Secretary, E. I. CHACE, M.D., 477 Hancock Avenue, Brooklyn, N. Y. The President desires the officers of the sections to proceed at once to their work, and solicit from their friends and others of the Association to make contributions for their respective departments. This will be a valuable addition to the efforts of the President, enlarge the operations of the Association, and reflect deserved honor upon the efficient and faithful workers. It has been done aforetime with gratifying results. The *Transactions*, Volume XVII., 1889-90, when published, will be sent without delay to every member who does not owe for dues, and whose address is in the possession of the Secretary.

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MISCELLANY.

A LINIMENT FOR RHEUMATISM.—Dr. W. H. May reports that he has obtained almost instant relief from the pains of articular rheumatism, by applying a liniment composed of equal parts of oil of gaultheria and olive oil. The liniment should be applied around the affected joints, and well rubbed in with the hand or a flannel cloth. It is only expected to relieve the local pains by its use, and the constitutional treatment must be followed out at the same time.

DISEASE IN ANIMALS.—Recent investigations have demonstrated that wild animals which are kept in confinement are subject to the various diseases that effect mankind. Elephants suffer much from rheumatism; tigers and lions suffer from heart diseases and dysentery, while monkeys in large numbers suffer from bronchitis and consumption. It is said that 90 per cent of all wild animals are subject to heart diseases after a short period of confinement.

Domestic animals also suffer in the same way. The horse, cow, and sheep often die of consumption, while the dog is liable to dyspepsia and diseases of the liver.

DIPHTHERIA CURED BY BLUE-GUM STEAM.—Dr. Murray Gibbs reports thirty-seven cases of diphtheria claimed to have been cured by saturating the atmosphere of the room in which the patient was placed with the vapor of the eucalyptus globulus. The atmosphere must be constantly loaded with steam, and the vapor of the eucalyptus is obtained by pouring boiling water on the dried leaves. To assist nature in throwing off the membrane, Dr. Gibbs uses a solution of steel and glycerine, with which he brushes the throat when the membrane is loose enough to come away easily. Dr. Mosler, in 1879, spoke strongly of the value of eucalyptus inhalations in severe cases of diphtheria.—*London Medical Record.*

ICE IN THE SICK-ROOM.—A correspondent of the *National Druggist* writes: The writer's son suffered with typhoid fever during the heated term of last summer, when the temperature of the room often rose to 90° or 95°, and the patient's temperature ran up to 105° F. and over. A number of tubs were placed in the room and kept filled with ice, and the doors kept closed. The temperature of the room sank to 80° or less, an average of 12° or 15° below the temperature of the other rooms in the house, and the cooler atmosphere not only added to the comfort of the patient, but aided in keeping down the body temperature, and materially contributed to a final recovery. We would strongly urge the use of ice in the room as a measure of comfort and luxury for all who are confined to their beds during hot summer days.

ALCOHOL IN DIPHTHERIA.—Alcohol, we make bold to say, is the prince of antiseptics, and the most perfect and reliable medicine of which we have any knowledge in diphtheria. Diluted with equal parts of water, and given in small and repeated doses, the malignant symptoms of this most fatal malady disappear and convalescence becomes assured. It is interesting to note with what facility

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the alcohol dissolves the diphtheretic exudation in the throat, lowers the temperature, and calms the pulse, showing its destructive action upon the germs of the disease, which have been absorbed by the glands and gained access to the blood. This remedy has been used by us in the treatment of diphtheria since 1873, during which time no case of the disease has slipped through our hands except in one solitary instance, and that case was in *articulo mortis* before the remedy was given. The remedy is also prophylactic to the disease, as we have found in many instances, where it has not been expedient to quarantine the patient.

A NEW AND VALUABLE INJECTION.—In a recent issue of the *Therapeutic Gazette* the suggestion was made that a solution of one grain of corrosive sublimate in six ounces of water might be used as an injection in cases of gonorrhœa and gleet with good results.

Knowing the powerful disinfecting properties of corrosive sublimate, we induced two physicians of this city to make a trial of it and report results. They now are enthusiastic in its favor, and heartily coincide with the writer in the above journal.

One case in particular is worthy of mention, being a case of gleet that had defied the best skill of one of them for over two years, the patient having given up hoping for permanent cure. This injection was used, the first six-ounce bottle causing complete stoppage of any outward indications, the second six-ounce making a complete cure, in this way verifying the statement that permanent cures resulted.—*Pharmacist.*

COMMON SALT IN THE TREATMENT OF PLEURITIC EFFUSIONS.—Dr. Tom Robinson, in the *British Medical Journal*, relates a case of pleurisy with effusion, accompanied with "cold clamminess of hands and brow, and breathing fifty-one times in a minute, the pulse barely appreciable at the wrist, and the heart pushed over to the right." He was ordered a teaspoonful of common salt dissolved in a wineglassful of water every hour, at the same time sweating by a hot wet flannel and a piece of waterproof sheeting. At the same time two ounces of the common black draught were administered, and all fluids were stopped. Two hours afterwards "he had most markedly improved in every way," his respiration being forty-eight per minute. In ten hours "he could lie on either side and get well down in bed." Next day there was no embarrassment of breathing, and all his subjective symptoms had disappeared. He was now given one drachm of common salt twice a day, with good nourishing food, and in a week he was up and out of doors.—*Edinburgh Medical Journal.*

SLEEP AS A MEDICINE.—A physician says the cry for rest has always been louder than the cry for food. Not that it is more important, but it is often harder to obtain. The best rest comes from sound sleep. Of two men or women, otherwise equal, the one who sleeps the best will be the most moral, healthy and efficient. Sleep will do much to cure irritability of temper, peevishness, and uneasiness. It will restore to vigor an overworked brain. It will build up and make strong a weary body. It will cure a headache. It will cure a broken spirit. It will cure sorrow. Indeed, we might make a long list of nervous and other maladies that sleep will cure. The cure of sleeplessness requires a clean, good bed, sufficient exercise to produce weariness, pleasant

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occupation, good air, and not too warm a room, a clear conscience, and avoidance of stimulants and narcotics. For those who are overworked, haggard, nervous, who pass sleepless nights, we commend the adoption of such habits as shall secure sleep; otherwise, life will be short, and what there is of it sadly imperfect.—*Exchange.*

EXTRAORDINARY MUSIC-DEAFNESS.—Mr. Edwin Cowles, editor of the *Leader*, Cleveland, Ohio, who died March 4th, had a most curious privation of the musical sense of hearing. It was to the ears what color blindness is to the eyes. He never heard the sound of a bird's note, and until he grew to manhood he always thought the music of the bird was a poetical fiction. "You may fill a room with canary birds," he once said, "and they may all sing at once, and I never would hear a note, but I would hear the flutterings of their wings. I never heard the hissing sound in the human voice, consequently, not knowing of the existence of that sound, I grew up to manhood without ever making it in my speech. A portion of the consonants I never hear, yet I can hear all the vowels. About a quarter of the sounds in the human voice I never hear, and I have to watch the motion of the lips and be governed by the sense of the remarks in order to understand what is said to me. I have walked by the side of a policeman going home at night, and seen him blow his whistle, and I never would hear it, although it could be heard by others half a mile away. I never heard the upper notes of a piano, violin, or other musical instrument, although I would hear all the lower notes.

TEA AS A BEVERAGE.—Use a china or porcelain pot. If you do use metal, let it be tin, new, bright, and clean; never use it when the tin is worn out and the iron exposed. If you do, you are playing chemist and forming a tannate or teaate of iron.

Use black tea. Green tea when good is kept at home. What goes abroad is bad, very bad, and horrible. Besides containing the two hundred and three adulterations the Chinese philanthropist puts up for the outside barbarian, it is always pervaded by copper dust from the dirty curing pans of the growers. Infuse your tea. Don't boil it! Place one teaspoonful of tea in the pot and pour over it one and a half cups of boiling water—that is, water really boiling. If your tea is poor, use more. It is cheaper, though, to buy good tea at the outset. Put your pot on the back part of the stove, carefully covered, so that it shall not lose its heat and the tea its bouquet. Let it remain their five minutes, then drink it.

Drink your tea plain. Don't add milk nor sugar. Tea brokers and tea tasters never do; epicures never do; the Chinese never do. Milk contains fibrin, albumen, or some other stuff, and the tea a delicate amount of tannin. Mixing the two makes the liquid turbid. This turbidity, if I remember the cyclopædia aright, is tannate of fibrin, or leather. People who drink milk in tea are therefore drinking boots and shoes in mild disguise.—*Wing Foo, in The Cook.*

DIAGNOSTIC SIGNS OF MELANCHOLY.—Dr. Landon Carter Gray, in an article read before the American Neurological Association, June 28, 1889, gives three constant symptoms of melancholia. These are the melancholia, marked insomnia, and a post-cervical ache.

The melancholia is different from simple sadness. There is seldom any ade-

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quate cause for the depression which the patient will often not recognize the presence of, and about the treatment of which he or she is so often utterly indifferent, if, indeed, he or she be not obstinately opposed to any treatment. A certain dulness of mental reflex, shown by slower responsive acts or words than is usual in a healthy mind.

The insomnia is usually one of the earliest symptoms of the disease, but has no especial characteristics.

The post-cervical ache is an aching pain in the back of the neck, head, and sometimes into the shoulders. It is usually described as a distress or ache, although it may occasionally be neuralgic in its character, and not infrequently passes into neuralgic paroxysms which will last for a day or two. In true melancholia the suicidal and homocido-suicidal tendencies are so organic a part of the disease that the mildest ease is not to be trusted, and valuable lives may be saved by some method of prompt recognition.—*The Journal of Nervous and Mental Disease.*

THE PROPAGATION OF DISEASE BY BOOKS.—When preventive medicine is searching out and checking all possible means by which infectious and contagious maladies are spread, the part which books may play in the propagation of disease should not be overlooked. There can be no doubt that the specific contagia of many zymotic disorders, and especially of scarlatina, smallpox, and typhoid fever, in the form of particles of material emanations from the bodies of patients, may attach themselves to the covers and pages of books, and so be carried from the sick to the healthy. In private families, all books and periodicals used by a patient during his illness from a zymotic disease had best be burned upon his convalescence. In general hospitals in which zymotic diseases are treated, scrupulous care should be taken that all literature used by patients suffering from contagious and infectious maladies shall be reserved exclusively for use in the special wards devoted to such disorders. We are afraid zymotic diseases are sometimes spread by books through the agency of lending libraries and second-hand book-shops; and it would be well if the literature of such establishments were occasionally subjected to efficient disinfection. Persons recovering from zymotic diseases should remember that it is one of their duties to take care to avoid their infection to the healthy, and they should be taught to refrain from handing to others the books they have used during their illness.—*British Medical Journal.*

FRUIT AS FOOD.—The *British Medical Journal* has published some remarks on this subject, which, though devoid of novelty, nevertheless bear repetition. It says that, taken in the morning, fruit is as helpful to digestion as it is refreshing. The newly awakened function finds in it an object of such light labor as will exercise without seriously taxing its energies, and the tissues of the stomach acquire at little cost, a gain of nourishment which will sustain those energies in later and more serious operations. It is an excellent plan, with this object in view to, to add a little bread to the fruit eaten. While admitting its possession of these valuable qualities, however, and while also agreeing with those who maintain that in summer, when the body is, at all events in many cases, less actively employed than usual, meat may be less and fruit or vegetables more freely used

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as a food, we are not prepared to allow that even then an exclusively vegetarian regimen is that most generally advisable. Meat provides us with a means of obtaining albuminoid material, which is indispensable, in its most easily assimilable form. It affords us in this material not only an important constituent of tissue growth, but a potent excitant of the whole process of nutrition. It has, therefore, a real, definite and great value in the ordinary diet of man, and the wholesomeness of fruit, combined with farinaceous food as an alternative dietary, is not so much an argument in favor of the vegetarian principle as a proof that seasonable changes in food supply are helpful to the digestive processes and to nutritive changes in the tissues generally.

A NEW TREATMENT AND POSSIBLE CURE FOR CANCER.—The anonymous correspondent of the *Lancet*, whose suggestion of the combined use of papain and thallin in cancer was noticed in a recent number of the *London Medical Recorder*, turns out to be Dr. J. Mortimer Granville. He has since supplemented his first statement by a further communication, in which he says that if the solvent or digestive power of the papain is to be brought to bear on the morbid growth, it must not be exhausted by being first mixed with food. He recommends *very frequent* administration of the papain and thallin, and their combination in the form of pills. The aim is to get absorption of the drug, not local action on the stomach. In cancer of that organ, Dr. Mortimer Granville gives, besides the pills, papain suspended in water with thallin and an alkali. With the view of further preventing exhaustion of the papain, he directs that the patient shall be fed as exclusively as possible on a vegetable diet, and that the pills shall be taken before meals or in the interval between them. He has not found that the thallin given as described exerts any injuriously depressing effect on the organism as a whole. The vitality of the morbid growth *seems* (the italics are Dr. Mortimer Granville's) to be depressed by saturation with the thallin and papain locally; this is effected by applying a strong paste of the two drugs in combination, or, where practicable, by their injunction. The results obtained so far are said to be encouraging, and "make it clear that the method will deserve a full and fair trial by the profession.—*London Medical Recorder*.

IS THE BATH WHOLESOME?—Nothing in human affairs has a reputation so fixed that it may not be called in question by some one in a moment of originality. This has happened repeatedly in the case of the daily bath. Some critics, for example, suggest that the bather, in consequence of his very cleanliness, lives too fast, is functionally too active, and that delayed and more gradual excretion would better accord with health. Others appear to think that by daily ablution the skin loses a part, or all, of the protection against weather, derived from its own effete products. Yet the bath not only continues to hold its own, but its popularity increases year by year. As regards amenity, both personal and relative, to one's neighbors, there can be no doubt that this is usually much assisted by a habit of regular bathing. Other advantages are not lacking. Among these are, when cold water is used, the invigorating exercise of the nervous and circulating systems, the resistance to weather changes, and the tonicity of skin engendered by immersion. Further, it is undeniable that the nonremoval of effete matters from the body imposes a most unwholesome check upon waste excretion in deeper tis-

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sues. It is said that some savage races maintain a robust life in spite of personal uncleanliness; but these tribes, it must be remembered, are exceptionally favored in regard to fresh air and exercise. It is probable, also, that even they do not thrive as they should, and would, under purer conditions. For civilized men of sedentary habits, the advantage of possessing a clean and freely active skin is a virtual necessity of healthy existence.—*Lancet.*

LIGHT AND LIFE.—It has been proved by recent researches in France, that the red rays of the spectrum are those to which the important physiological function exercised by the sun on plants is exclusively to be ascribed. The leaves act as analyzers of the white light which falls upon them; they reject and reflect the green rays, and thus get their natural color. If plants were exposed to green illumination only, they would be virtually in the dark. The light which the vegetable world thus refuses to absorb is precisely that which is coveted by animals. Red, the complementary color of green, is that which, owing to the blood, tinges the skin of the healthy human subject, just as the green color of plants is the complement of that which they absorb.

These facts have been fully stated and illustrated in a paper read by M. Dubrunfant before the French Academy of Science; and from them he deduces certain practical suggestions. All kinds of red should be avoided in our furniture except curtains. Our clothes which play the part of screens should never be green. This color should predominate in our furniture, while the complementary red should be reserved for our raiment. He also dwells upon the salubrious influences of sunshine. He mentions cases of patients whose broken constitutions were restored by continued exposure to the sun in gardens where there were no trees; and gives an account of four children that had become weak and sickly by living in a narrow street in Paris, but regained their health under the influence of the solar rays on a sandy sea coast.—*Boston Journal of Chemistry.*

REFLEX UTERINE VOMITING.—Dr. Graily Hewitt (*The Lancet*, Jan. 5, 1884), in a lecture upon this subject delivered at the University College Hospital, says: "According to my experience, reflex uterine vomiting, when of an obstinate character, is frequently associated with great weakness and want of tonicity of the uterus, and a flexed condition of this organ is almost invariably also present. There are undoubtedly cases of reflex uterine vomiting in which the cause is a different one, but they are exceptional and occur rarely. The unduly soft uterus readily bends, and any temporary increase in the degree of the flexion is attended with aggravation of the reflex disturbance, viz.: the vomiting. The several factors concerned in the production of this grave disorder may be enumerated as follows: 1. A general enfeeblement of the body, the result of a low condition of the nutritive process in which the uterus participates. 2. The physical weakness and pliability, with which the uterus is affected. 3. The flexed condition of the uterus, liable to be intensified by certain movements or positions of the patient. The sickness and vomiting appear to result from the irritation of the uterine nerves consequent on the temporary or permanent compression of the uterine tissues. It is almost certainly removed, or for the time at least, relieved by the maintenance of the uterus in a normal position and shape, by the use of the Hodge pessary. There is no doubt that many cases of this affection escape true recogni-

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tion, many cases of so-called "bilious" vomiting, and not a few of supposed gastric ulcer turning out on investigation to be cases of uterine vomiting. One symptom especially indicative of the uterus as the cause of the sickness is the exaggeration of the sickness, which is liable to occur when the patient exercises. It must be added also, that in cases of reflex uterine vomiting, where the malady has been of long continuance, the stomach is liable to become affected; and it is no longer capable of producing gastric juice to any amount. Hence a *quasi* paralysis of the gastric mucous membrane, such cases requiring the extremest care to prevent a fatal issue, even after the tendency to vomit has been obviated by the appropriate treatment.

USE OF SALT.—Among other follies of the day, some indiscreet persons are objecting to the use of salt, and propose to do without it. Nothing could be more absurd. Common salt is the most widely distributed substance in the body; it exists in every fluid and in every solid; and not only is it everywhere present, but in almost every part it constitutes the largest portion of the ash when any tissue is burned. In particular, it is a constant constituent of the blood, and it maintains in it a proportion that is almost wholly independent of the quantity that is consumed with the food. The blood will take up so much and no more, however much we may take with our food; and, on the other hand, if none be given, the blood parts with its natural quantity slowly and unwillingly. Under ordinary circumstances, a healthy man loses daily about twelve grains by one channel or the other, and, if he is to maintain his health, that quantity must be introduced. Common salt is of immense importance in the processes ministering to the nutrition of the body, for not only is it the chief salt in the gastric juice, and essential for the formation of bile, and may hence be reasonably regarded as of high value in digestion, but it is an important agent in promoting the processes of diffusion, and therefore of absorption. Direct experiment has shown that it promotes the decomposition of albumen in the body, acting, probably, by increasing the activity of the transmission of fluids from cell to cell. Nothing can demonstrate its value better than the fact that, if albumen without salt is introduced into the intestine of an animal, no portion of it is absorbed, while it all quickly disappears if salt be added. If any further evidence were required, it would be found in the powerful instinct which impels animals to obtain salt. Buffaloes will travel for miles to reach a "salt lick"; and the value of salt in improving the nutrition and the aspect of horses and cattle is well known to every farmer. The popular notion that the use of salt prevents the development of worms in the intestine has a foundation in fact, for salt is fatal to the small thread worms, and prevents their reproduction by improving the general tone and the character of the secretions of the alimentary canal. The conclusion, therefore, is obvious that salt, being wholesome, and indeed necessary, should be taken in moderate quantities, and that abstention from it is likely to be injurious.—*Lancet.*

TREATMENT FOR LUPUS.—The *British Medical Journal* recommends for lupis, liquor sodii ethylatis, which is made by dissolving metallic sodium in absolute alcohol. The application is made daily for three days, with a small glass tube. Two or three days, on removing the crust, the healthy surface is discovered.

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The Medical Tribune.

ROBERT A. GUNN, M.D., EDITOR.

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THE OUTLOOK AND RETROSPECT.*

ANOTHER year has completed its round, and we find ourselves again at Albany to consider the necessary problems of our existence as a body, created for the purpose of looking after the welfare of the institutions of eclecticism in the State of New York.

The first question that naturally comes up is, what is the outlook as regards our legal rights, and what legislation is there likely to interfere with the increase in our numbers and the maintenance of our system of medicine? We are all well aware of the compact made some three years ago, by which the allopaths specifically agreed to present no further legislation if we would agree to permit the free passage of the Codification Bill. Evidently this compact has been broken, as we see legislation of every kind cropping out where there is any possibility of a gain being made by the old school. It is evident that the eclectics must begin to "fight the devil with his own weapons;" and there is no question but bills to place eclectics upon the same footing as old-school physicians should be pushed. We would right a very grievous wrong, and it is a question whether we should not endeavor to make it necessary that an eclectic should be appointed either to the board of managers or upon the staff of every insane asylum in the State. There is no doubt that such appointment would work to the interest and advantage of the insane confined in such institutions. As it is now, we have no voice. No matter how talented an alienist an eclectic may be, he cannot receive an appointment to a State asylum. Let us make our school eligible, and then secure for some good man an appointment in a State institution.

* An address delivered before the New York State Eclectic Medical Society at its annual meeting, held at Albany, March 26th, 1890, by Lee H. Smith, M.D., President of the Society.

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There is another bill now before the legislature which is evidently one that will work a much needed reform, namely, the appointment of a woman physician upon the staff of every asylum in which the insane of both sexes are confined and treated. This can but be a step in the right direction. It will be an act of humanity, and should be urged with all the force that we can command.

The Legislative Committee have zealously done their duty, and have endeavored faithfully to bar further class legislation, as they were instructed to do at our last meeting. Is it not time that we began to legislate to secure our just rights as the representatives of a system of practice which is the most advanced of the age, and which represents the medical belief of several hundred thousand citizens of this State? If the old school continually receives legislative assistance in response to appeals made from partisan and selfish motives, under the guise of protecting and aiding the public welfare, why should we not insist that we be permitted to exercise our just rights and give in public institutions the eclectic system of treatment to those who desire it?

The second question is, why is it that with the most populous State in the Union, an empire in itself, with unbound wealth, we are unable to support and maintain as it should be maintained a large and flourishing college, with every facility for the perfect instruction of our students? There is no question but that at present the medical education of eclectics in the State of New York is carried on under great disadvantages, which should be overcome. Not only should our college receive the earnest support of all eclectics, but it should be freed by liberal assistance from the disadvantages that money can effectually overcome. There is no question but that this lack of means is made up in large measure by the earnest work of those physicians who comprise the teaching force of the college. We feel that this college should be made more truly representative of the general eclectic profession of the State, and then that we should all earnestly assist in its work. Instead of sending our students to Cincinnati, Chicago, or any of the allopathic schools, they should be sent to New York, and then we should provide for them every facility for perfect education. In no other way can we expect posterity to bless our work and efforts. No nobler monument can exist for any man than an endowment of a professorship that will, until the end of time, assist in the education of students who go forth to relieve the sufferings of humanity and to overcome the ills

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that afflict mankind. Such charity is far-reaching, and ever manifest. Another consideration has been forcibly called to my mind by a paper by Dr. Downey read before the Eclectic Medical Society of Western New York, in which the fact that had hitherto partially escaped my notice, but which must be patent to you all, namely, that the eclectics, without demanding and insisting upon a recognition of the fact, have permitted the old school to gradually but bodily steal from them and appropriate for allopathic use some of the very ground upon which eclecticism is based. The most successful and advanced of the allopathic physicians practise to-day, not only upon the principles, but with the remedies discovered and used by our eclectic fathers. While we must feel thankful that humanity has thus been benefited by such conversion, yet we must, in deference to our own dignity, and as a just reward for the years of hard battle that our stalwart eclectic practitioners have endured, demand an acknowledgment of the service eclecticism has rendered humanity, and our sneering opponents must be reminded of what they owe to eclectic principles and practice.

Turning from these general considerations, I would like to invite your attention to some of the special work that in the practice of medicine and surgery we are called upon to deal with. Probably the most amusing feature that we have witnessed in the past year is the general use by the allopaths of the drug antipyrine, an agent that is put forth as a patented article in the strictest sense, and which is used exclusively and generally by those rabid and ranting allopaths who with one hand write a prescription for antipyrine, and with the other uphold the finger of scorn against all who use or sell a proprietary article or a patent medicine. Truly this age is one in which the falsity and hypocrisy of the old school gradually become manifest. But we will pass from this phase of life, in which the cloven hoof is shown, to a consideration of the surgical procedures that have been in the past year more clearly demonstrated as worthy of our support. There are several things that have been demonstrated practically during the past two years as great improvements upon what has gone before, and as changes in procedure that merit consideration, and if opportunity offer, are suggested as worthy of trial.

The necessity of cleanliness and the use of sterilized water as the safest and best agent for the flushing of fresh wounds, and for the necessary cleansing of all incisions made in the various operations, has been perhaps demonstrated most clearly. It is evident that mer-

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curial solutions and other poisonous antiseptics are as liable to do harm as good, and that in the endeavor to avoid the poison of a germ, we can err on the other side, and introduce a poison more dangerous and fatal. Hence we think that warm water and the milder antiseptics are more likely to displace upon fresh wounds the use of corrosive sublimate, carbolic acid, and the various antiseptics that are now being less commonly employed than in the past year.

The use of the drainage tube is, too, declining. There is no question but that such tube may favor in some instances the free discharge of putrid or infectious matter; and there is also no question but that under other conditions it may favor the introduction into the wound of material that is poisonous in its character, and liable to do great injury. A few strands of catgut have therefore replaced in great measure the bulky India-rubber tube, and we find that even their removal at the end of the third or fourth day, in most instances, is advisable. Here we speak of healthy wounds in tissues not subjected to poison from connection with old cavities containing pus.

In the removal of stone in the bladder, the eclat that followed the introduction of the operation by incision above the pubis resulted in a large number of such operations being performed, and with the usual result of a high death-rate and the relegation of that operation to the field that it should occupy, that is, one for the removal of encysted stone, or of tumors where it is impossible to reach the bladder through the natural urethral opening. The high operation is evidently much safer than the operation by perineal section without a guide, and the removal of a stone of large size can be more safely accomplished by the supra-pubic method with its present perfection of technique than can the removal of a similar stone by the lateral lithotomy. One is struck, on performing the supra-pubic operation, by the ease with which it may be accomplished, and how immediately the bladder may be evacuated of its contents. Any growth or encysted stone may be readily removed, and this without the great shock that follows the necessary laceration of the prostate and bulb of the urethra, which, in the perineal operation, frequently complicates the conditions and renders the case unfavorable.

Another triumph of conservative surgery has been achieved in the beneficial effects of the use of electrolysis in the treatment and cure of extra-uterine fibroids. Having in common with other eclectics used this electrolysis in the treatment of fibroids of the uterus for a period of ten or twelve years, we can speak in the highest terms of

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the benefit derived, and say with as great a certainty as anything can be said in surgery or medicine, that in the early stages of fibroid tumor the disease may be surely overcome by the electrolytic treatment, and in every case benefit and a diminution in the development of the tumor may be obtained by this plan. In this there is no question but that we speak the experience of every one present who has given the matter a trial. Apostoli has simply revived for the allopaths a method that has long been used by our school with the greatest success; but there are essential features in the method as advocated by Apostoli that require further improvement. For instance, there are many tumors that are most successfully and safely treated by the use of the electrolytic needle introduced directly into the tumor.

In treatment of stricture of the urethra in the male we see a decided change. Our friends the allopaths warmly advocated and practised to a man the custom of performing the perineal section in all cases of stricture of the deep urethra, this in accordance with the teachings of Beverly Robinson. Whether it is because the constitution of the average American is decidedly better than that of the Englishman in that he is less subject to urethral fever, or whether the common and free use of beer as a beverage has resulted in the development of kidney disease or not, I have found as a personal experience that Englishmen as a rule bear urethral operations badly, and that special care must be employed in all such operations, particularly upon Englishmen of full habit; but in an experience that includes the surgical treatment of some 300 cases of stricture in the past year, I feel satisfied that if care is used to secure a urethra free from unhealthy discharge, and by the administration of quantities of any mild diuretic infusion which shall produce a thoroughly antiseptic condition of the urethral canal, we can operate upon such cases with impunity by the process of internal urethrotomy, and secure good results. Electricity has also proven its value in urethral surgery. We now find that with the class of inflammatory strictures, as it is termed, that is, those where a spasmodic imperfect structure is present, we obtain relief by the use of the urethral sound through which a current of electricity is passed, and in such cases the relief is usually certain and permanent.

The cure of hernia has been the aim of a large share of the profession since the middle ages, and yet there has been until a few years past but little improvement in our methods, and but slight in-

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crease in the percentage of cures. The brief time allotted to this paper makes it possible to but briefly scan the best methods employed, so no time can be given to a description of the various plans of treatment that *have been in use.* I will simply detail the course that I have pursued with a satisfactory degree of success.

In the first place, we know that a large percentage of recent ruptures may be cured by the proper application of a truss. Anything that will prevent the protrusion of the bowels through the opening in the inguinal rings will favor a gradual contraction of this opening, where the muscular tone is good, and the individual in favorable condition. Such ruptures commonly disappear for a time after the wearing of a proper truss for a period of a year or more. We find, however, that a large percentage of the cases that apply for treatment are those in which a small rupture has been relieved for a number of years by the application of a truss, but with the appearance of some urinary difficulty which required straining to empty the bladder, or with the advent of constipation; or, what is still more common, a general lowering of the vitality from some debilitating affection, the rupture reappears. The tendons apparently lose their tone and become easily displayed by the omentum or the intestine, and the rupture on some slight strain again manifests itself.

In such cases the application of a truss is but an expedient. It simply removes a share of the dangers that might be otherwise expected from strangulation. I say a share of the dangers, because in my experience a poorly-fitting truss, or one that will not perfectly hold the rupture, makes the protrusion more dangerous than it would be without any; for the reason that the patient considers himself safe, and hence will lift or strain, which he would not do if he had the danger of strangulation constantly before his mind. Secondly, the rupture protruding under the truss is subject to a pressure, and frequently an injury, from the truss-pad, that it would not be otherwise liable to. Hence there is a tendency to inflammation and irritation following this. Unless immediately replaced, the intestine becomes swollen and inflamed, and we have a strangulation developed. I have felt, therefore, for years, that the hard pad generally used was objectionable, not only for this reason, but from the fact that it presses equally hard upon the inguinal rings, and in men, upon the spermatic vessels. This pressure is greater than it is upon the opening through which the rupture protrudes, and the result is that the tendons surrounding the inguinal opening become gradually

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absorbed, the testicle becomes wasted, or the sexual strength of the individual is gradually lost.

These circumstances have led me to the use in all cases of the water-pad, which consists of a thin rubber envelope, or capsule, filled with sterilized water and formed into a pad with which to close the inguinal opening. As will be seen, under every condition, there must be a slight prominence on the part of the pad pressing into the opening through which the rupture protrudes. The pressure upon all tissues is evenly distributed; the vessels receive no more direct pressure than does the opening or the rest of the surface, and hence the absorption of tissue is reduced to a minimum,—although with any mechanical appliance it must continue. No pad can be made so perfect as to prevent this absorption of the tendons and a gradual loss of the sexual vigor resulting from pressure upon the spermatic vessels.

The cases in which we advise an appliance are:

1st. Those where an operation is an impossibility from the circumstances of the patient.

2d. Where disease is present that reduces the system so that the patient is not likely to be of use to mankind even if cured.

3d. In children, where we can expect a gradual increase of the obliquity of the rings which comes with development, and a natural tendency to closure of the opening, nature thus assisting greatly in effecting a cure. It must be borne in mind, however, that in these cases there is a tendency to recurrence of the rupture late in life, and such persons must be cautioned to exercise care, and to avoid the various strains that tend to produce rupture.

4th. In recent small ruptures, where, by the application of a support and attention to the general health and hygiene, a repair of the rupture may be expected. In such cases, if at the end of six months the rupture is not properly held, an operation should be advised.

Of the several operations, I have been led, after considerable experience, to adopt the following:

1st. For all cases of inguinal rupture in which the hernial rings or openings are of moderate size, where the sac can be readily returned into the abdomen with the rupture, I find the injection of a stimulating fluid that will cause an outpouring of plastic lymph into the tendons of the ring, and if necessary into the inguinal opening, will give sufficient adhesion and inflammatory enlargement to close the rings or block them up so as to prevent the protrusion.

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One will be astonished at the slight amount of tissue that is necessary to give the support required in these cases. A very weak barrier within the ring, where it can act at a great advantage, with the support of the tendons and tissues in all directions around it, will effectually prevent the protrusion of intestine. I have frequently noticed that a rupture that required a pressure so powerful as to make it a matter of wonder how any human being could endure the truss, could be held with a pressure of a few ounces applied directly in the inguinal ring. For this plan of stimulating injection I have had specially prepared some needles, which have since been manufactured under the name of the "De Garmo" needle, and sold to the trade. With these it is safest to make the application at any point in the inguinal ring that may require an inflammatory exudation in order to prevent the escape of the rupture. The inflammation following this application is local. It is seldom that any peritoneal inflammation need be expected. It occasionally does take place, yet without serious results, and under the usual treatment will disappear. I have never had any serious manifestations from this treatment, and in the cure of between 300 and 400 cases have not had a death. At the end of about six hours there is generally some pain, which lasts for a period of two hours. This gradually subsides, or may be immediately controlled by the use of cold or narcotics.

After operation a careful bandaging of the point of rupture is made, or an elastic truss is applied, which will hold the rupture nicely in place should the patient vomit or cough. At the end of the second day the patients are allowed to sit up. A hard lump will be felt in the inguinal ring, which becomes somewhat more limited in its extent with time. As this cicatrix contracts it draws together the pillars of the ring, and if it be properly situated will invariably result in a cure of the class of cases to which it is applicable; namely, those individuals suffering from rupture, where the opening is not more than an inch in extent. By this plan I have successfully treated openings larger than this, but it is not to be surely relied upon. In such cases I have usually had to resort to the cutting operation.

Formerly it was not considered good practice to remove the sac in this operation. The stitching together of the tendons in the inguinal ring was performed by means of catgut, which was soon absorbed, or with silk, which if not absorbed tended to result in death of the tissue and the continuance of a purulent discharge so long

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as the silk thread remained in the rings. Observing this result in the practice of others, I was led to abandon it in my own, although in my own practice, owing, I think, to the careful sterilization of the silk, I had no difficulty from suppuration following the operation. In the treatment of four cases there were radical cures. I found, however, that in one case, in which there was a recurrence of the rupture, the sac persisted after the rings were apparently well closed.

I then began to adopt the plan which is very generally in use now, of carefully separating the hernial sac from its attachments in the inguinal rings and scrotum, and removing it on a level with the border of the rings, stitching the two surfaces together carefully with catgut so as to avoid any hemorrhage, and turning them into the abdominal cavity. I then sutured the rings with from one to six sutures of silver wire. The result is, if the ends of the silver wire are very carefully turned over and secured so as to avoid the presentation of any point likely to irritate the tissues, and if the operation is performed under careful antiseptic precautions,—a complete adhesion, and a very firm and solid barrier to the reappearance of the rupture is obtained. In these cases there is usually no necessity of wearing an appliance longer than six weeks after the treatment. Yet I usually advise a very light support to be worn when the patient is suffering from cough, or liable to any unusual exertion.

Peculiar Cases.—One of the peculiar cases most commonly met with to which this plan of treatment is adapted, is that in which the testicle is but partially descended, and presented through the inguinal ring in adults, and behind it a rupture. For these cases I have found that the only plan is to remove the testicle, which is usually found to be a small and imperfectly developed organ, suture the sac in the same way as in the other cases, and close the inguinal opening. The removal of these testes seems to result in no shock to the system, like the removal of a testicle that is well down into the scrotum, and the patient is in far better condition without than with it, as the testicle is but a source of injury, and from frequent drawing up and contraction of the dartos it will tend to re-open the rings even if they are perfectly closed, while an injury, with the consequent swelling of the stone implanted in the inguinal ring, will surely result in such a stretching of the rings as would favor the recurrence of the rupture. Then, too, no support can be maintained upon the inguinal ring to assist in the holding of the rupture under unfavorable conditions so long as the testicle is implanted therein.

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The next most common complication is the presence of a large amount of omental tissue in the protrusion. We find that with many patients suffering from rupture, a protrusion of omentum will occur while they are spare; then with the quiet habits that come with the appearance of the rupture a deposition of fat takes place, and we find that in such cases, where the omentum is permitted to remain out, it will gradually have deposited upon it an enormous amount of fat, so that its return is an absolute impossibility. In such cases, we find that the ligation and removal of this mass of omentum is entirely a safe procedure. The bleeding points, however, must be very carefully secured. This we usually do with McEwen's catgut, which, from its long submersion in chromic acid, has become so hardened that it is not absorbed for a period of five or six weeks. With this we make a loop around the omentum, and draw it as firmly as the catgut will permit; we then carefully ligate with fine catgut every small bleeding point, using the greatest care. I have been led to adopt this plan in preference to that of searing the stump with a hot iron, as I have found that the inflammation resulting was much less. Apparently, a scar or burn results in an amount of irritation in the perineal cavity far out of proportion to what would be expected, and hence I believe that the avoidance of the use of the cautery, both in the removal of omentum and the operation of ovariotomy, is advisible if it is possible. Where necessary, the rings must be cut open for the perfect return of the stump. There must be no omentum left protruding, as I have found that the presence of a small fibre of omentum, as large as a quill, would from its tendency to keep the opening patulous result in a gradual recurrence of the rupture.

There is another class of cases presenting some obstacles, viz.: those in which from inflammatory influence the intestine has become adherent to the tunica vaginalis, and thus irreducible. In these cases we find that by separating the adhesions with great care, and by including the surface of the tunica vaginalis with which they were united, all danger of bleeding is done away with. We simply peel off a thin covering of the tunica vaginalis, and let it be returned into the abdominal cavity upon the intestine. This thin layer of tissue has its blood supply from the walls of the scrotum, and all hemorrhage that might possibly occur will take place from the scrotal tissue, where it may be readily treated or drained away; whereas we have found that from some peculiarity of the peritoneal surface

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whether it is due to the fluid that exists there or to the perfectly smooth surface that is over it, clotting of the blood from a bleeding surface will not take place. Recent physiological experiments have shown that if a vessel be carefully oiled and a quantity of blood poured into it, and a thin film of oil be placed upon the surface of the vessel, then the fibrine in it will not clot. It remains fluid indefinitely. So I believe does blood in the peritoneal cavity. Any one who has had opportunity to examine the abdominal cavity during life will remark upon the extreme smoothness of every bit of surface, and the fact that every organ that may be touched has the sense of lubrication. They are all bathed in extremely fluid serum, and I have no doubt that the blood flowing into such a cavity has no tendency to coagulate, and hence there is no other condition favoring the cessation of hemorrhage than the tendency of the muscular coating of the artery to contract or a clot to form directly in the end of the vessel. We have therefore a condition entirely different from that of any wounds outside of such a cavity, and the greatest care must be used, by the thorough ligation of every bleeding point, no matter how small, in all operations affecting the abdominal viscera. So far the result of this cutting operation upon the abdominal organs has been uniformly successful. I have some seventeen cases to report, all of whom have been cured. If it would be of interest, at some future time I will present a detailed statement of them.

SICK HEADACHE.*

ONE of the most common and most distressing of human ills is headache. Some individuals have an inborn tendency to this complaint, and neuralgia in its various forms is among their most frequent afflictions,—that located in one half of the head is the most common of all. Sick headache is in reality a form of neuralgia. It is entirely independent of any disturbance of digestion, although generally considered to have its origin in some defective action of the stomach; and it is true that its symptoms are often aggravated as a result of errors in diet. The first attacks occur during the

* Read before the West Side Medical Society of the City and County of New York.

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period the body is deve.oping, and it seldom shows itself for the first time late in life. At first it may not be noticed that the pains are confined to one side only, but as the attacks gain frequency and severity, it is apparent that they are limited to the distribution of one nerve, or a single branch of it, generally in one eye or half the forehead. It is possible for both sides to be affected at once or in alternation, but these cases are rare.

There are two well-marked varieties of this disorder which differ in symptoms and methods of relief, and are known as the congestive and the anæmic forms. The so-called bilious headache may exist with either.

The congestive variety is a very frequent affection, especially among those who overtax the brain and take too little out-door exercise; and its most prominent symptom is insomnia, indicating cerebral congestion. Even when the pains are not severe it is generally felt most of the time. It may be so intense that the sufferer is unfit for any mental or physical exertion, or it may be only a dull ache which is extremely annoying.

In the anæmic variety the cause is a deficiency in the amount of the red globules of the blood, as shown by the paleness of the face and lips. The pain is situated in the higher parts of the head and forehead. There is a tendency to faint on prolonged exertion, or sudden shock to the feelings, such as frights, etc. Sometimes it is of the peculiar character described as hysterical.

In either variety of this affection, we find that if the pains last long and are intense, nausea and vomiting are certain to occur. The pain is at first made worse by the efforts of nature to relieve the stomach, but these mark the worst period of the attack, and are followed by relief and sleep. When the patient awakes the pain is generally absent, but if the attack has been a severe one, there is a feeling of soreness and tenderness over the skin of the parts affected, and this may last for a day or two. The attacks may begin with a chilly sensation, yawning and sighing, like the beginning of a malarial attack, but the other signs of malarial poison are absent, and the remedies that control ague do not cure sick headache. Many patients of this kind see peculiar appearances of light before the eyes that have no existence in fact, and are known by the victim to be symptoms of the coming headache after he has experienced them a few times. These are fiery circles or sparks, or a spiral glimmer seems to present itself to the vision. In congestive headache we find the

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affected side of the face is reddened, hot, and manifestly more full of blood than the other side. The white of the eye is reddened, the tears are secreted more abundantly, and the pupil on that side is contracted. The pulse may be remarkably slow in this form, running as low as forty-five beats per minute. In the other variety, we find the affected side of the face is cold, pale, and shrunken, the pupil of the eye dilated, the eye itself being sunken, and coughing, sneezing, etc., increase the pain. If pressure be made upon the carotid it also increases the pain, while in the first variety the effect is exactly the reverse. As the attacks pass off, the face resumes its natural appearance. This disease may continue to appear in paroxysms during the entire lifetime, but the attacks are further apart and less severe after the period of middle life is passed. The duration may vary from a few hours to several days. The intervals are usually free from pain, and the prospects of permanent cure are not very good, as the treatment of sick headache has as yet never produced many brilliant results. This is especially true where there is a distinct history of a hereditary nervous tendency existing in the ancestry. Many cases can be helped only temporarily. In the congestive variety ergotine is sometimes very efficacious. The bromides are also invaluable in the treatment, especially bromide of lithium, which will produce sleep and rest to the brain in smaller doses than the others. Ice applied to the nape of the neck, abstinence from alcoholic liquors and tobacco, exercise in the open air, etc., are also indicated. In the anæmic form, nitrate of amyl in small and frequent doses will often cut short an attack, to be followed by the administration of ferruginous tonics. The galvanic form of electricity sometimes relieves, and if continued for a time may effect a cure. But there is a vast deal claimed for this agent by its enthusiastic advocates that cannot be verified by the most competent operators, who are not carried away with a monomania on the subject. Cannabis indicus given persistently produces a cure in some cases. Inhalations of chloroform and ether are too dangerous to be intrusted to the sufferer for self-administration. The same can be said of chloral, cocaine, and the various forms of opium, such as morphine, etc., as their continued use may lead to the formation of habits destructive to both mind and body. Caffeine, the active principle of tea and coffee, is a safe and efficacious remedy for the patient to use. In its combination with other chemicals it usually moderates the attack at once, and may cut it off entirely if taken early. The

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hysterical headache, in which the pain is confined to a very small point, such as can be covered by the tip of the finger, can be relieved in the same way as the others by application of similar remedies; but in attempting to produce a permanent cure, the treatment should be that appropriate for hysteria in general. All sources of nervous exhaustion should be removed, the best of diet and moral influence should be given, and every means taken to insure exercise without fatigue, and effective digestion; this treatment to be continued a sufficient length of time, to show that all the symptoms have disappeared and the causes removed. Like all the neuralgias, as the renowned Anstie has well said, "it is the cry of the starving, suffering brain and nerves for healthy blood, and they are caused by the presence of poisons in the blood, derived from the growth of diseased germs which irritate and burden the brain, so that it cannot act in the natural way." Early in this affection it is often difficult, if not impossible, to say what the headache means; but close observation for a few days generally clears up all doubts.—WILLIAM H. MAY, M.D.

CLEFT-PALATE.*

THE affection known as cleft-palate while not met every day in general practice, still is common enough to demand the attention of the surgeon. It may be simply a division of the uvula or velum palate, or it may be so extensive as to involve the bones of the roof of the mouth, upper jaw, and nose. The first, or division of the soft parts of the palate, is usually the result of disease, while the separation of the bony structure of the palative arch is almost always congenital; this last you will usually find accompanied with that unsightly affection known as harelip. Sometimes you will find a cleft-palate which is the result of syphilis or its mercurial treatment, and sometimes by ulceration, the result of catarrhal inflammation, though this last is exceedingly rare.

A cleft, the result of disease or a wound, rarely involves the lip, but is confined entirely to the soft and hard parts of the palate. As a rule it is easy to distinguish between a cleft that is congenital and one that is caused by disease, as in the latter case the edges are

* Read before the West Side Medical Society.

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ragged and irregular, while in the former they are generally smooth and even.

The diagnosis of the case is exceedingly simple. The first intimation of anything wrong that the mother or nurse has, is by noticing the peculiar nasal twang to the child's crying, or after a short time its inability to properly take the breast, and then on looking in its mouth the defect is discovered. Of course where there is a concomitant harelip the attention is immediately directed to the mouth and the fissure is easily seen.

If the case comes into the hands of the surgeon while the child is still young and the bones are in a pliable condition, the hope of a complete cure is greater than if it is neglected until they are of a harder consistency. A congenital fissure, if it is a narrow one, may sometimes be instantly corrected; and at other times it is so wide that the cure is affected slowly. To accomplish this result a mechanical appliance, some kind of clamp (a modification of a Hoey arterial compress or a Hainsly compress), must assist the surgeon.

Everything being in readiness, and the patient in the proper condition, the edges of the cleft, both in the soft and hard parts, are pared, cutting forward towards the lip. After the hemorrhage has been controlled, if an anasthetic is used, the little patient is re-etherized, the compress is applied, and the bones gradually forced together, the parts are held in place by compresses placed upon and below the molar bones, and held by adhesive strips after the manner of Mayo's occipito-labial cravat.

It may be thought by some that this mode is rather too heroic on account of the pressure used, and that fractures or other accidents may result. This, of course, is for the surgeon to decide for himself. A bungling operator will generally do damage in the simplest of cases. I think that by care no adverse result will occur, and even if there should be a fracture, the bones are held, as it were, in splints and a union soon takes place. The only thing of consequence to guard against is inflammation,—but what surgeon does not take greater risks for far less results?

Another method that may be considered less objectionable is to get a ring of elastic tubing long enough to reach almost from one molar bone to the other, then fix the ends by means of adhesive strips and let it pass over compresses; the gradual tension tends to draw the bones to a common centre, that is, the mesial line of the palative arch. After the bones meet, then pare the edges and join

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them by sutures. The only objection to this method is the irritation the rubber band is apt to produce on the delicate skin; yet this can easily be controlled.

After the bony parts are made to join, the soft parts should be attended to by paring the edges and joining them with the interrupted suture; then if the lip is also involved, it may be remedied by the usual methods. But the lip ought not to be interfered with until after the palative difficulty is remedied.

When the patient comes to you after the bones are set and the fissure is a wide one, the only remedy that is likely to prove of any avail is an obturator or artificial palate. This you can have made by any good dentist or oral specialist. Of course in a syphilitic patient this may be somewhat risky, as the parts are apt to be irritated by the plate and serious inflammation ensue.

You will find some partial clefts or holes in the roofs of the mouths of old or middle-aged people caused by wounds that can be treated only in this way. If the fissure or hole is not too large, the membrane may sometimes be dissected away from the bone and the edges pared and brought together, or in some cases the edges may be touched with tincture cantharides or tincture iodine, preferably the latter, when granulations will fill up the space. Some large holes and clefts may be cured in this way by making a plate to fit the roof of the mouth, which will give support to the granulations until the hole is entirely covered over.

Where simply the soft parts are involved in the cleft, then the edges must be pared by means of scissors or a scalpel, the free edge being held with forceps or tenaculum to enable a clean straight cut to be made; the edges are then brought together and held with the interrupted suture, three usually sufficing,—silver wire is the best to use,—the ends being held either by twisting or by means of small shot—the latter is the best. Sometimes it will be found advisable to divide one or more of the *palato-pharyngeal* muscles. Still this is as the judgment of the operator dictates.

The food of the patient after the operation must necessarily be of a kind to require no chewing: soups, teas, custards, and anything that is nourishing but of a soft or fluid nature.

One thing you must not forget to impress upon the minds of your patients or their friends, and that is, perfect speech will come slowly and in some instances never. If you do not do this, they will expect perfect speech in a few days; and then, being disappointed, will blame you and wrongly criticise your work. THOMAS CONRAD, M.D.

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WATER AND ITS RELATIONS TO HEALTH.

It must be accepted as an axiom of intelligent medicine that the nearer a drug or agent that is curative approaches to the normal constituents of the body, the more rapid will be the cure and the less the after drug effect. Water has long been recognized as a curative agent of this class. The probable cause why it has been relegated to the adjunctive class of treatment is the cumbersomeness of its application; but newer and more simple methods are daily coming into practice, and the subject is one which, though old, is not yet threadbare, and will bear investigation.

How far can we rely on water for the prevention and cure of disease? And what are the best methods of applying it to effect such purpose? To answer these questions intelligently, it is necessary first to glance at its standing as a physiological factor. In the human body, as in external nature, the primary office of water is that of a solvent, and as such it is found in every tissue of the body to a greater or lesser extent. The total amount of water in the fluids and solids has been variously estimated at from 20 to 50 per cent of the total bodily weight. Some have placed it considerably above this, but most probably by an error in calculation. It is sufficient for our purpose to know that at least one fourth, and very probably more, of the entire weight of the body is water.

The fluids of the body, on whose proper relation health so greatly depends, are simply watery solutions of various salts, in which float the corpuscles or particles peculiar to each one. Their physiological value is largely determined by their specific gravity, which depends to a great extent on the amount of water they contain. For the proper and continued action of some of them, additional water becomes an absolute necessity; for example, the amylolytic action of the saliva is hampered by the presence of its own product—sugar, in a concentrated form; on diluting the mixture with water the action will recommence. This is a fact of every-day experience in the mastication of starchy foods, and a certain cause of that condition which is rapidly becoming peculiarly American—dyspepsia, with all its attendant train of evils. In the blood, a variation of the quantity of water is sure to result disastrously to the corpuscles. In truth, many cases of chlorosis anæmia, etc., which it is customary to treat with arsenic, iodine, and the iron preparations, would be more radically

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and speedily cured by attention to the quantity of water in the blood. A lack of the proper amount of water in the system produces a nervous, irritable, tired feeling, with loss of memory, frontal headache, a central pain in the eyeball, harsh, dry skin, epidermis rough, and scales off, fever, sleeplessness, and in some cases closely resembles that trouble of which doctors know the least and talk the most, *i.e.*, malaria. In such cases quinine in large or small doses is a total failure. If carried to total deprivation, the fever becomes intense, accompanied by a violent delirium, passing into a transitional stage of ecstacy, with great prostration, during which there is a *most* exquisite, pleasurable feeling akin to the ecstacy of the narcotics. This is followed by coma in which death ensues. This has been *too* often recorded in the tales of the survivors of shipwrecks to need exemplification here. One peculiar example, however, is recorded of James Stanton, seaman on the Monitor, wrecked about the year 1859, in the South Seas, who on being rescued during the stage of delirium by a passing vessel escaped death, but passed into the ecstatic stage, which became permanent. In this condition he lived nearly five years, with occasional breaks, in which he would seem to undergo all the torture incidental to his former privation. This would be followed by a lucid interval, in which, with some effort, he could converse intelligently, although in somewhat broken sentences. At the time of his rescue, biscuit and a small quantity of meat were found on the raft, the water-cask having been washed overboard by a storm which occurred some time previously, so that his condition can only be attributed to deprivation of water.

Yet, on the other hand, a superabundance of water, whether introduced into the system at one time, or gradually stored up by a stoppage of the excretories, will produce a somewhat similar result. The general symptoms are those which accompany an ordinary non-specific fever, but vary much in intensity. The more severe attacks begin by a flushing of the face, with flashes of heat passing upwards from the pit of the stomach, accompanied by a dull pain at the lower extremity of the sternum, severe pain in eye-ball, but of a darting, shooting character, not central like that of deprivation; eyes protrude slightly, become glazed, breathing deep and labored, expression pained, skin dry, high fever, head grows heavy with severe pain at vertex, relaxation of muscles of extremities, indifference to external objects, vertigo, insensibility, etc. This trouble, when the excretions are not disordered, is generally self-curable, a cold sweat breaking

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out on the forehead, rapidly extending over the whole body. On relief of the tension, skin becomes soft, and present danger is over. It will, however, leave an impression on the general nervous system more or less lasting, producing an inability to sustain any severe labor, strain, or shock.

There are some cases, however, in which the system is unable to recover itself, and delirium, followed by coma, takes place, and the end is similar to that of deprivation, but without any ecstatic stage. This result is entirely independent of any direct shock to the nervous system, as from the chill of ice-water, but simply from its superabundance in the tissues of the body.

Little or no treatment is applicable to the first condition, until a reaction takes place, beyond baths, frictions, moist bandaging, and external applications. It is preferable, if the deprivation has been long continued, to withhold the internal administration of water until the skin loses its harsh appearance and becomes softer. It should then be given freely, but in moderate quantities, and in a manner which will secure its slow deglutition; otherwise spasmodic contraction of the pharyngeal muscles will take place, producing anything but desirable results.

For the second condition it is only necessary to follow the course nature prescribes, stimulate the excretories, preferably the sweat-glands at first, and when the extreme tension is taken off, then the kidneys. Under no circumstances should ergot, veratrum viride, or even aconite, be given to reduce the fever at the beginning, but they are useful in the second stage.

Thus far we have considered water only as its use effects the system itself, independent of any morbid process or condition. It remains to consider its therapeutic application. Its place in the materia medica is by no means circumscribed. It is set down as tonic, atiphologistic, relaxant, solvent, diaphoretic, diuretic, calorific, laxative, styptic, detergent, expectorant, absorbent, stimulant, sedative, etc.

The methods of its application are principally bandages, baths with or without friction, internal administration, inhalation of vapor or steam.

As an antiphlogistic water is the best known, and it is perhaps more in vogue than any other treatment. The old practice of refusing water to a fever-patient is now a thing of the past. Prof. Austin Flint, as early as 1852, in his first report on the subject to the New

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York State Medical Society, declared that cold water taken into the stomach was more important than medication to secure a refrigerating effect, while at the same time it nourished the patient, and thus was really curative. He reiterated this assertion in the latter part of 1881, at a clinical lecture delivered at Bellevue Hospital, as confirmed by thirty years' experience. At the same time he gave a tabular history of 207 applications of the water treatment, in none of which was the temperature less then 104 degrees, with only fifteen fatal cases. This result was obtained by the liberal internal use of water, and the external application of the same agent.

Of the external application, he found that the antipyretic effect was produced by the ice-bath in thirty minutes, by the wet pack in twenty-five, and by the sponge bath in twenty minutes. Some cases, however, varied considerably from this, the three longest periods being twenty, eleven, and ten hours respectively. In one case, the temperature rose while the patient was in the bath, but lowered two and one half degrees when placed in bed. At the same time and place he detailed the history of seventeen cases of typhoid fever similarly treated in the hospital, of which four were fatal.

To quote from our own literature, Dr. V. Zolnowski, in Transactions Eclectic Medical Society State of New York, 1875, emphatically declares that water prevents the disintegration of the blood, protects the brain, prevents the production of morbid matter, prevents and removes local diseases, and preserves the general health and strength of the body.

The preferable method of the application of water for the reduction of the temperature seems to be the sponge-bath, as it is the simplest and most rapid. In it, we have not only the action of the water and its more rapid evaporation, but it also gives greater play to its solvent action, and by gentle friction stimulates the sudorific glands. The fact that Flint discovered that the ice-bath takes a longer period than either the wet-pack or sponge-bath is of itself sufficient to exclude cold as a factor in the production of such result.

In regard to the other properties ascribed to it, that of relaxation, when applied with heat, is perhaps the most remarkable, and has long been known to the surgeon. The action of hot water in long-standing congestions, relieving the tension in the coats of the engorged blood-vessels, has been demonstrated very frequently during the past few years. Likewise have the styptic properties of both

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hot and cold been made use of both by the surgeon and obstetrician.

The use of water at various degrees of temperature, in the form of a spray, by inhalation, is beneficial in most all of the disorders of throat, larynx, bronchial tubes, etc. Siegle relates a case of rheumatic aphonia in which the voice improved day by day, under several inhalations daily of hot vapor of water, so as to leave nothing more to be desired on the eighth day. It is of value to facilitate the removal of the false membranes of croup, diphtheria, etc. According to Dr. Morell MacKensie, by the inhalation of warm, tepid, or even cold water, employed several times a day for ten or fifteen minutes at a time, in chronic bronchitis, expectoration is facilitated, and a gentle, recuperative influence is exercised on the mucous membrane.

Dr. J. Solis Cohn says: "Warm vapor of water is an immediately grateful application, as well as remotely remedial in almost all forms of inflammation of the pharyngeal, laryngeal, and respiratory mucous membrane. It cleanses the parts from secretions, soothes their inflamed surfaces, and relieves pain. It is probably the main beneficial agent in most inhalations, no matter what the medicinal agent it holds in solution."

Passing from the therapeutic to the hygienic properties of water, we find it the chief factor in the problem of the prevention of disease, as well as in producing similar morbid results. Its power to prevent disease depends principally upon its solvent action, thus removing the excretions of the body, as well as the other products. The necessity of civilized life has somewhat crowded our present habitations, and this increased density of population affords an opportunity for the spread of contagious diseases.

It is noticeable that most all contagious diseases are the product of filth. A liberal use of water, applied for the sake of cleanliness, would limit the spread of those diseases more than any other measure.

But such use must be an enlightened one, not as exhibited in London in 1854, and repeated in 1872, where the water was drawn for general use within a quarter of a mile from where the sewage of two thousand households emptied itself into the Thames. This was done by the Southwark or Vauxhall Water Company, and according to Dr. J. N. Radcliff (Ninth Annual Report Medical Department of the Privy Council of England), this company, as well as the East

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London Company, supplied three eighths of the entire population. These three eighths contributed seventy-one per cent of the deaths in the cholera epidemic of 1866.

Of all the uses to which water is put with a view to cleanliness, that of flushing the great sewers is the most disastrous. The amount of sewage is materially increased, and at the turn of tide of the river into which it drains, leaves a deposit of animal and vegetable filth on the walls, to develop the various products of decomposition and spread havoc among all those who, through defective plumbing or otherwise, are exposed to its emanations. And surely here, if there is a germ of truth in the germ theory, is the cause of the spread of contagious diseases.

Already this paper exceeds its limits, and we close in the words of Dr. Frederick Hoffman: "If there is a universal remedy, whose effects are true, equal and innoxious in themselves, without any disordered or demoralizing results, that remedy is water; but to secure its full healing effect it must be applied with the attentive care and finished skill of an experienced physician."

JOHN F. MCCANN, M.D.

PHYSIOLOGICAL METAPHORS.

LANGUAGE from one point of view may be regarded as fossilized thought. Just as in the strata of the rocks are found remnants of extinct genera and species, so, in our every-day language, words and expressions survive still bearing the almost obliterated traces of ancient and half-forgotten theories. Each record is silent to the untrained eye, but eloquent with meaning to those who have learned to read it aright. In our most logical moods we still employ expressions which imply belief in long-exploded hypotheses. In our calmest moments we use metaphors and similes once instinct with passion, but now part and parcel of the common coin of current thought. We speak of an army being smitten by "disastrous panic" without reflecting that our epithet implies belief in astrology, or that our substantive indicates faith in the existence of the god Pan. We describe a man as "jovial" or "mercurial" in disposition without any conscious reference either to Jupiter or Mercury.

But perhaps the most remarkable series of latent metaphors in

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our language are those of the physiological type which contain references to the organs and functions of the human body. Few words are more frequently on our lips than "warm-hearted," "cool-headed," "good-humored," "ill-tempered." We talk of "venting the spleen," "a man of that kidney," "a keen eye for business," "a good ear for music," "a silver-tongued" orator, "a victim of hypochondriasis." All these expressions, however loosely employed in general, involve a theory, and in most cases the theory is either false or partially inaccurate. This is not surprising when we reflect that such metaphors date from the infancy of human knowledge, when the body and its functions were still sealed mysteries.

First in frequency and importance must be placed that vast range of expressions which refer to the heart as the seat of the soul, and especially of the emotional soul. These expressions are found in the earliest known writings and have become the commonplaces of almost every nation. We talk of the devices and desires of the heart. The heart of kings is said to be unsearchable. Here the heart stands for the whole nature, "writ short," but with reference rather to the natural disposition and the moral character than to the intellectual powers. More frequently, however, the heart stands for the affections and the emotions. The poet Ford calls the heart in express terms "the seat of our affection." Shakespeare speaks of the heart "dancing" for joy, and the expression has become a familiar one. Tennyson, in well-remembered lines, tells us that

> Kind hearts are more than coronets,
> And simple faith than Norman blood.

Especially do we speak of the heart when we are thinking of the devotion of a lifetime. The bride at the altar is said to give her "hand and heart"—the former signifying her person and fortune, and the latter implying the surrender of her affections.

The following lines express a familiar but always touching sentiment:

> The flush of youth soon passes from the face,
> The spells of fancy from the mind depart;
> The form may lose its symmetry, its grace,
> But time can claim no victory o'er the heart.

It is needless to multiply instances of such expressions, as our literature teems with them, and they are constantly upon our lips.

One almost hesitates to profane such sacred expressions with the hint that they are one and all false to nature; yet such is the hard

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fact. The heart is not the source or seat of the emotions; it is, on the contrary, one of the most prosaic, although most vital, organs of the body. It is simply a hollowed-out muscle, which expands to receive the blood from the veins, and contracts to propel it again through the arteries. It is merely a natural pump, very wonderful and perfect in its structure and mechanism, but still concerned in no higher function than the purely mechanical one of regulating the supply of blood to the various organs of the body. The heart does not feel emotion. It does not warm with love or burn with hate or melt with pity, as the poets have so long assured us, and as so many familiar and popular expressions imply. All these emotions have their seat in the brain.

Yet it is not very difficult to discern why so many nations have instinctively spoken of the heart as the seat of the emotions, not merely without a consciousness of absurdity, but with a firm conviction of the accuracy of such expressions. Though not the source and origin of emotion, the heart is preëminently responsive to its influence. It is linked by many subtile cords to the brain; and when the emotional centre there is affected, the heart is the first organ to feel the electric thrill, and throbs and palpitates in ready and responsive sympathy. In this secondary sense the heart may still be regarded as concerned in emotion. It *is* so concerned, but as patient, not agent; as effect, and not cause. If any one will carefully analyze his sensations when struck with a sudden and overpowering emotion, he will find that the head was first affected, however momentarily, and that the effect upon the heart was subsequent and secondary. Sudden emotion produces a feeling of fulness in the head, slight giddiness, and a transient bewilderment of the intellect—all signs which clearly indicate some disturbance of the brain. The quickened heart-beat and the throbbing pulse are secondary effects, although they may follow after an interval so brief as to be scarcely appreciable.

The suddenness of the emotion is an important element in determining its effect upon the heart. There are some emotions which, although profound, are, from their nature, gradual in their onset, and these leave the heart almost unaffected. Pity may be so deep as to draw forth abundant tears, but it does not cause the throbbings and pulsations of an excited heart. The sentiment of awe and reverence may be very profound, as one gazes upon "the long-drawn aisle" or "fretted vault" of some ancient cathedral, or upon the

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birthplace or grave of some illustrious patriot or poet; or the sense of beauty and grandeur with which one views the Peak of Teneriffe, or the rushing waters of Niagara may be so deep as to thrill our inmost nature; but in both these cases the pulse remains quiet. Often when we are under the influence of such emotions, the breathing is more affected than the circulation. We involuntarily hold our breath, and our respirations become soft and shallow. In such cases it would be as logical to regard the lungs as the seat of the emotions as, in other instances, to ascribe their origin to the heart.

Love powerfully influences the heart's action, as every poet has remarked and sung. The subtle chain of association which makes the heart throb at the distant glance of an eye, the flutter of a dress, the sight of an envelope, the odor of a withered flower, the touch of a tress of hair, were it not so familiar, would justly be regarded as one of the most wonderful facts of our nature. Coleridge says, "A spring of love gushed from my heart"—an adequate but not an exaggerated figure; and all poetry abounds in similar images.

The opposite emotion, hatred, is also one that exerts a marked influence over the heart. Sudden terror affects the heart most of all, often causing fainting, and, in very rare cases, sudden death. "Death from fright" is fortunately an event of extreme infrequency, but there is no reason to doubt its possibility. In all these cases, however, it must still be borne in mind that the heart is secondarily affected by the emotion, and is never the source or origin of it. It is like the index on the engine which shows the pressure of the steam. The source of the steam is the water, and the fire beneath; and the source of emotion lies hidden in the mysterious recesses of the brain.

Many curious expressions are thickly strown through language and literature referring to the relations of the heart and the emotions. Every one knows the exultant feeling to which Wordsworth refers when he says:

> My heart leaps up when I behold
> A rainbow in the sky.

Another poet addresses his heart, and asks it to inform him why he is so mournful; by which he probably implies that his heart was the source of his sorrow, and therefore responsible for it. Every one knows the oppression conveyed by the words, "My heart sank within me," "My heart died within me."

The most piteous expression of all is that of the "broken" heart.

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The heart is said to be broken when the emotional nature has received a shock from which it seems incapable of rallying, when the feelings are so numbed with sorrow and suffering as to be incapable of responding to any ordinary stimulus. Many, no doubt, use the words in a more literal sense, and employ them to indicate some fancied injury to the structure and substance of the heart produced by sudden loss or overwhelming emotion. It is well to know that such an idea is a pure delusion. The heart does break sometimes, or rather burst (*rupture* is the medical term); but it is a rare accident, and always the result of advanced disease. The sequel is invariably instantaneous death. Death does occur sometimes, although very rarely, from profound emotion; but it is due not to breaking of the heart, but to paralysis of its action. Those persons, therefore, who seek sympathy on the ground of a broken heart are, strictly speaking, impostors, however deserving of our pity on other grounds. Their feelings may have been so cruelly lacerated that they will never succeed in entirely recovering their former elasticity and freshness; but their hearts are physically as sound as ever, and death will not come, however often invited. Grief very seldom kills; but it may induce a neglect of health and a repugnance to the duties of life which may gradually undermine the constitution, and thus lead to a premature decease.

The conventional use of metaphors which allude to the heart as the seat of emotion naturally exercises an almost unconscious influence upon thought and action. Queen Mary Tudor died protesting that the word *Calais* would be found written upon her heart. The idea that the name of the lost and bitterly lamented town would be literally imprinted upon her body was a mere disordered fantasy; but the particular site selected for the impress was no doubt suggested by some of the physiological metaphors which we are discussing. Actors put their hands upon their hearts when they wish to indicate visibly an excess of emotion. This gesture is now thoroughly stereotyped; but it is probably a false one, due to the same influence of inaccurate metaphors. In real life, people, when powerfully excited, do not put their hands to their hearts. Pressing the hand to the forehead, or bending the head slightly forward, is a more usual and more natural gesture, and correctly indicates the true seat of the emotions.

No other organ furnishes us with the same profusion of metaphors as the heart. The expressions referring to the head are less

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numerous and much more accurate, since, from a very early period, the brain has been regarded as the seat of the intellectual nature. "Cool-headed" and "hard-headed" do not imply any erroneous theory. "Thick-headed" probably indicates a belief that thickness of skull is inconsistent with mental capacity—a view that has considerable foundation.

The liver contributes materially to our stock of physiological metaphors. We often use the word "melancholy," which means literally "black bile," and still points out how a disordered liver was regarded as the source of despondency and mental depression. This idea, although, strictly speaking, inaccurate, as the liver is not the seat of the emotions, and can only influence them secondarily through the brain, possesses more foundation than many similar expressions. There is truth as well as wit in the reply given to the question, "Is life worth living?"—"All depends on the *liver*." The "jaundiced eye" is another metaphor from the same organ. It probably contains a reference to the rather erroneous idea that persons suffering from jaundice see everything colored yellow—an occasional but quite rare phenomenon. "Hypochondriasis," which means literally "below the ribs," also probably contains an allusion to the liver.

The spleen figures largely in metaphor. "Splenetic" was a favorite epithet of some of the older writers, and "to vent the spleen" is a phrase still occasionally heard. It is an unlucky expression, because the spleen does not manufacture any secretion, and has therefore nothing to vent; and secondly, it has not the remotest relation to the emotions.

The kidneys are frequently mentioned in the Book of Psalms under the title of the "reins," and are invested with various moral and intellectual functions. They survive in modern English metaphor in the single expression, "a man of that kidney," a phrase both false and objectionable.

Many of the organs of the body are employed in metaphor in a way that is partly accurate and partly inaccurate. We talk of "a keen eye for business;" but we know that it is not the eye of the business man that we have most in view, but rather his general intelligence. The "quick ear" for music which some fortunate persons possess would be of little value if it did not really imply the correlative faculty of musical taste and appreciation, which belong to the brain. The "silver tongue" of the orator could not be dispensed

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with; yet the tongue is quite a subordinate organ of speech, and is much more closely concerned with the sense of taste, a faculty which we rather perversely ascribe to the palate alone. We "tickle our palates" with a dainty dish; but "tickle our tongues" would be much more correct physiology.

We do not imagine that any conviction, however clear, of the inaccuracy of most of our physiological metaphors would be likely to dislodge them from the secure position which they have so long held in current speech. Metaphorical language is natural to man, and strict accuracy is not likely to be regarded, if force and fervor can be attained. As an American author remarks, it is not truth we want, but *thrill.* The jolly tar who "shivers his timbers" would not think the expression less forcible if its literal accuracy were questioned. These expressions are firmly rooted in the language, and it would be mere purism to advocate their entire suppression; but their history is of great interest; and a clear recognition of their general inaccuracy may lead to greater moderation in their use, and perhaps to the discarding of some physiological metaphors which are not merely inaccurate, but coarse and objectionable.—*Chambers's Journal.*

ELECTRICITY AND NEW REMEDIES.

ELECTRICITY pervades all objects. The doctor, as he goes on his midnight errands of mercy, sees the flash in the stony pavements that reveals this force.

Scientists tell us that every leaf on every tree, and all the blades of grass, furnish conductors that radiate the electricity which is stored up in the earth. It manifests itself in the soft auroral radiance, that hangs like waving curtains of golden tapestry in the northern heavens.

Man is a Jove, and this unseen power his Mercury; on some Olympus he sits down, and this messenger of lightning flies at his bidding around the world. Since the memorable day when Franklin with the school-boy's toy brought the lightning from the sky, man has been devising means of applying and utilizing this marvellous, mysterious, universal force.

Twenty-five years ago the therapeutic uses of electricity were but little and imperfectly known to the medical profession. Scien-

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tists have been experimenting in various departments, benefiting the world with electrical inventions, but the medical profession has been none the less busy in the application of this power in the cure of diseases.

It cannot be denied that human bodies are possessed of a mysterious something, which has been styled *animal magnetism.* This fact is too apparent to need any argument for its support. And in proportion to the quantity of this magnetism, the system is relax and flabby, or strong and vigorous.

The philosophy of the beneficial uses of electricity, as applied to the human system, I may not be able to explain; nor have I ever seen any attempt at an explanation. However, I submit the following theory: In my judgment, the "animal magnetism" referred to is akin in its nature to the electricity which exists throughout nature. The system takes the electricity properly administered and transforms and assimilates it into the magnetism of the body; just as the proper organs digest and assimilate bread and meat into the physical organism. This magnetism tones the diseased physical functions.

I have long used electricity with great success, and will cite a few ordinary cases:

Mrs. B——, aged forty, weight, one hundred and thirty pounds; nervous-bilious temperament, had a tumor nine inches in circumference, which had grown on the trachea. Several physicians decided it to be impossible to remove it with safety. I took the case, and by passing galvanic currents twice per week through the tumor, removed it in five months.

Miss T——, weight, one hundred and twenty pounds; age, forty-three; of bilious-sanguine temperament; had been under medical treatment three years without benefit. An examination revealed a torpid liver, catarrhal condition of the stomach, female weaknesses, and general nervous prostration. I gave a tonic and alterative course of medicine, and with it the regular use of Faradic electricity. In the space of a year she was completely cured.

A man with a large encysted tumor on the scalp back of the ear had tried various remedies, and had it cut off several times. He was permanently relieved by an operation with the galvano-cautery. This was accomplished without the shedding of blood, or scarcely any pain. Many cases might be cited to show the beneficial results of electricity, but space and time will not permit.

Galvanism seems best adapted to such diseases as rheumatism,

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neuralgia, female weaknesses, enlargements of organs or tissues, and inflammatory conditions, while the Faradic current is applicable in paralysis, impotency, muscular weakness, and the debility following prostrating diseases. From long years of experience I am fully convinced that electricity, combined with medicine, will produce better results than either can accomplish alone.

NEW REMEDIES.

Among the many new remedies which I am using with marked success, permit me to mention a few. Cascara has already become, what Dr. John King several years ago predicted, "a valuable addition to our list of therapeutic agents." It is an excellent remedy for costiveness, diseases of the stomach, and as an alterative, tonic, etc.

Eucalyptus is said to have been first used in the vicinity of Botany Bay by a ship's crew that had been decimated with intermittent fever. For a long time its use was confined to malarial diseases. Since its properties have become better known, however, it has been employed very successfully for the stomach, liver, general debility, etc.

A compound made of eucalyptus, pleurisy-root, black Indian hemp, digitalis, and haircap-moss, is highly beneficial in anasarca, arising from affections of the heart.

Jaborandi affects the whole glandular system; especially the salivary, sudoriferous, and mammary glands. Its beneficial effects are well known in regulating the menses, and in diseases of the liver, stomach, and intestines. It is also good as a nervine.

Caffeine and theine are highly beneficial, and can usually be used to take the place of morphine.

Erythroxylon coca has grown as rapidly in popularity, and is so well known to the medical profession at the present time, that it seems superfluous to say anything concerning it. A few remarks, however, upon the "history and physiological action" of the drug may not be amiss.

Reveil, in 1860, said: "This substance will some day have an important position in therapeutics." The same year Niemann had produced the alkaloid *cocaine* from the leaves of the erythroxylon coca. Its anæsthetizing effect on the tongue was no doubt first mentioned by Professor Schroff. The honor, however, belongs to Koller of making it a widely-known and popular remedy. Cocaine

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has been compared with curare. "The one agent," says the writer, "paralyzes the sensory nerves, whilst the other paralyzes the termination of the motor nerves." The estimated production of coca leaves is from thirty to forty millions of pounds annually. They have been used by the natives of the countries of South America, where it grows, for upward of three hundred years.

In the chemical form of salts, the hydrochlorate of cocaine is most used. It produces a more intense action on the tongue and mucous surfaces than the alkaloid itself. It is said to be antiseptic. "A five-per-cent aqueous solution delays the putrefactive changes in an extract of meat."

Matigazza states that an infusion of coca will increase the action of the heart fourfold. Other experiments by the same observer furnish the following conclusions: "1. In large doses, coca increases the animal heat, increasing the frequency of the pulse and respiration. 2. In a dose of three or four drachms of the infusion, it excites the nervous system, increasing the desire for muscular action, and afterward has a calming effect. 3. In very large doses, it causes delirium, hallucinations, and congestion of the brain." Dr. J. Leonard Corning observes: "It is the remedy *par excellence* against worry." Fauvel calls it the "*tensor par excellence* of the vocal chords." It is also said to act as a tonic.

The wine of coca, and all the other forms of preparation, have been used with great satisfaction in the opium habit.

Dr. Alexander Bennett of England is authority for the statement that cocaine paralyzes the entire posterior column of the spinal cord, also the entire system of the peripheral sensory nerves; but the anterior column of the cord, and the peripheral motor nerves are not paralyzed.

"The use of cocaine hydrochlorate in diseases of the eye, ear, vagina, urethra, and, as a local application, in eczema, and in dental and oral surgery," has been highly satisfactory. In gastritis, after a debauch, it is also of great service. The following are the results of an eminent experimentalist: "1. Cocaine temporarily and locally destroys not only the sensibility of the tongue and pharynx, but also the faculty of taste; 2. It temporarily renders the mucous membrane of the nose insensible to pain, and destroys the sense of smell; 3. On the larynx and trachea, also in uro-genital surgery, and in the rectum, it may be used with marked success."

Just a word in conclusion. Galileo was imprisoned for saying

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that the world moves. No one doubts it now; but it moves in more senses than one. There was a time, within the memory of physicians now living, when it took two or three hours to amputate a limb; now it can be done in almost as many minutes. There was a time when bleeding was resorted to for every ailment; now, to bleed, is an indication of ignorance and barbarism. I hail the glad day when, by the discoveries in surgery, electricity, and therapeutics, the medical profession shall become better able to cope with diseases, and prolong hnman life!

WM. H. HAWLEY, M.D.

THE CURABILITY OF INCIPIENT PHTHISIS.

The statement of this topic would seem to imply the discussion the question whether Phthisis is or is not curable, only, perhaps, at the time of its commencement or during the period of its earliest manifestations. I cannot think, however, that our President expected me so to interpret it, for I believe the affirmative of that proposition to be so generally accepted as true, and that it has become so firmly established in the minds of medical men, as to make it improbable that any one could be found who would choose to support the negative of the proposition. I shall, therefore, briefly notice the etiology, diagnosis and treatment of the disease in its incipiency.

The causes which produce consumption are of importance here principally because a knowledge of them will very materially aid us in making a correct diagnosis, and in what is of still more importance, the earliest possible recognition of the disease. We will notice hereditary influence first, No doubt we would all agree in believing that a predisposition only to Phthisis may be inherited, which upon occasion offering, as a depleted condition of the system resulting from any cause, such as exposure to inclement weather insufficiently clad to afford protection, the inroads made by any serious disease, a scrofulous diathesis, mal-nutrition, ill-ventilated homes, inhalation of noxious vapors and over-work, either physical or mental, especially of children, will promptly, even if insidiously, make its appearance.

My own experience affords satisfactory proof to me of the truth of this proposition. I have lately had a bad case of acute Phthisis

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follow immediately after recovery from a very severe and nearly fatal case of enteritis, making its appearance at a time when convalescence seemed to be nicely progressing and while the patient was taking a course of tonic treatment. The young lady is of a family distinctively consumptive, but has enjoyed the best of health up to the time of her recent illness.

In regard to exposure, insufficient and improper food and want of care respecting sanitation, as causes, statistics show conclusively that as they are remedied or removed far greater immunity from the ravages of the disease is enjoyed. Children, and adults even, of a scrofulous diathesis, require constant watching and the exercise of great care to keep them in the best possible degree of health; prophylactic treatment in such cases being of far greater value than any that can be given afterward.

Nationality figures to some considerable extent as a warning to guard carefully the health of our patrons and their children from earliest childhood to maturity, especially of those who come to our shores from a more genial and equable climate than ours. Referring to the statistics compiled touching this point, we shall find a marked difference in this respect when compared to our own acclimated race. In the present prosperous condition of our country, and with the intelligent estimate of the great advantages to be derived from the possession of education, the unwise encouragement sometimes offered students, by both parents and teachers, to make strenuous efforts to excel and to complete some given course in the shortest possible time proves a very prolific cause of undermining the constitution and furnishing favorable conditions for an attack of Phthisis. I think that cases of this kind must have happened in the practice of every one present as they have in mine; where the cultured and interesting high-school or college graduate is so soon to become a victim to the dread destroyer that claims a fourth of all the victims that death secures each year.

To become able to diagnose incipient Phthisis is not easy, and requires care and patient investigation in addition to some degree of skill in detecting physical signs of the impending or already present but hidden danger. Beginning with a complete family and personal history, note the general appearance; inquire as to whether the usual weight has been maintained; be suspicious of a constant feeling of weariness and fatigue, often accompanied by the assurance of the patient: "But I am all right, I am not sick." Attend to all catarrh-

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al and bronchial troubles at once; be especially careful to attend to any laryngeal trouble which may exist. They are denoted by the voice failing in part or altogether, as in some cases, or a frequent effort to clear the throat, etc. One ought to have a laryngoscope and be able to use it to good advantage. It will sometimes reveal conditions not even suspected before. Many of our worst cases commence in this manner, with what the patient believes to be a trifling and unimportant sore throat. Careful percussion and auscultation, especially of the apices of the lungs, should be made, that the earliest symptoms of trouble there may be detected. In cases of any doubt the sputa should be examined microscopically.

The diagnosis having been established we shall then wish to know how to cure our patient. Right here a knowledge of the causes which produced the disease in a particular case will be of great value. It will afford us the opportunity of changing the conditions and surroundings as far as possible, so that they may not continue to operate in the same way. It is of first and great importance that sufficient and proper food and clothing are substituted for insufficient and improper; good ventilation and air for opposite conditions; a change of occupation where necessary and of residence if required to secure these various advantages—pure air being a prime necessity first, last and all the time, day or night. The diet should not be too arbitrarily prescribed or proscribed but rather there should be an endeavor to aid and prompt the patient in the selection of it. I prefer to see patients using food containing or forming carbonaceous principles during process of digestion; and suggest the yolks of eggs, milk, cream, sugar and starchy foods, rather than food containing proteids or mainly muscle-forming constituents; although this need not be wholly omitted from the dietary. Boiled milk seems to agree with some individuals best. Fruits are good to give variety and as appetisers; and some kinds possess merit of their own. Several full, deep inspirations should be taken each day with the clothing loose and where pure air is plentiful. In fact very few of us use our lungs as much as we ought, and this practice is a good prophylactic measure too.

To send a patient far from home to secure a change of climate is seldom advisable, unless it should be in the earlier stages and the patients are so situated as to remain permanently there if benefited by the change. A sojourn in the pine-woods during the heat of summer and in the early autumn, with the time employed pleasantly

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as in fishing, hunting, etc., is undoubtedly of great advantage. The hypophosphites of lime and soda are good. In *all* my cases I prepare my own syrup; getting a solution of the lime-salt by the use of dilute hydrobromic acid, which imparts a pleasant, slightly acid taste; about two grains each to the drachm is the way in which I usually prepare it. The patient should take from three to six teaspoonfuls daily. Clear maltine is my preference to assist in the digestion and assimilation of food with the addition of a reliable liquid preparation of pepsin if required, and sometimes tincture-gentian compound as a stomach-tonic. If the cough is too troublesome, especially at night, I have used creosote in combination with the syrup hypophosphite compound and give an anodyne expectorant or powder. An infusion of cinquefoil herb serves me well to control ordinary cases of night-sweating. A steam-inhalation apparatus is always brought into use where laryngeal or bronchial trouble exists, and Eucalyptus, ipecac, tar and turpentine used in it.

If the patient can be convinced of the possibility of danger and the necessity of continuing treatment till cured, I think that a favorable prognosis can be given in nearly all cases of incipient Phthisis over which we can have reasonable control; and in some cases, in the more advanced stages of the disease. At least we must not fail to try and defeat this greatest destroyer of the race.

J. V. STEVENS, M.D.

COCAINE: ITS PRINCIPAL USES.

I have had some considerable experience with Erythroxylon coca during the last eighteen years. As the result of that acquaintance let me quote from what I said on this subject in the California *Medical Journal* of October, 1886: "In medium doses, say from two to thirty drops of the specific tincture or fluid extract, repeated as circumstances demand, it gently increases respiration, circulation and temperature; it relieves nervous irritability and fear; it tends to promote calm and refreshing sleep."

Nearly three years have passed since I wrote the above, and the experience of those three years proves to me that I was right. I think that most of the above physiological phenomena may be produced by

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small doses of hydrochlorate of cocaine, but for internal uses I believe that the extracts solid and fluid are the best.

Cocaine in small doses stimulates the brain and nervous system. The peculiar condition of ecstasy, joy, exhilaration and general exuberance of spirits, so longed for by the morphia *habitue*, can most certainly be produced by the use of this drug, and this craving for the drug-effect is one of the dangers incident to the use of this drug. As I pointed out years ago, coca in any form ought to be used only under the direction of the medical man.

Montegazza, who experimented with the crude drug years ago, describes his symptoms after taking a large dose of the leaves. He says that he experienced a state of intoxication similar to that of the hashish-eater. He was possessed with a feeling of intense beatitude and inner joyousness, while a succession of visions and phantasmagoria most brilliant in color and form passed before his eyes. He rapidly passed into a condition of semi-consciousness. Such was his experience while under the influence of the drug. When he became sufficiently calm to express himself he thus described it: "I prefer a life of ten years of coca to one thousand years without it."

His experience in full may be found in Wood's *Therapeutics*, page 240, 7th edition, 1888. We can readily see that a remedy capable of working such effects in the system, under proper control has a place in internal medication. And yet I repeat, I believe the principal uses of this remedy will be local ones.

That we may intelligently know where to put coca, let us look at its effects:

1st. It certainly lessens local circulation in the parts to which it is applied, and it seems to do this by stimulating the sympathetic nerve-structure.

2d. It paralyses the sensory nerves and in this way relieves suffering and congestion. Let us fairly grasp these ideas, and they will be a guide to us where we can use this remedy to advantage.

There are some persons who very easily take cold; on the least exposure they suffer with a very troublesome coryza. The schneiderian membrane becomes very much congested; in some cases this congestion is not confined to the lining membrane of the nose, but the whole nose for a time flares out like a headlight. Continual sneezing is one of the unpleasantnesses of the trouble. For relief take Hydrochlorate of Cocaine solution 4 per cent. xl.; ung. aquæ Rosæ 3 iv. M. Sig. Bathe the nose inside freely, repeating as needed. What is the result?

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The schneiderian membrane becomes exsanguinated; pain and sneezing are speedily relieved as a consequence.

Now apply this principle in cases of severe specific urethritis. There are frequent calls to micturate, and each time the burning is intense. Only a very little is passed, and in some cases from rupture of some of the engorged capillaries there is some blood likewise. Now take R. Sol. Hydrochlorate cocaine 4 per cent., ʒ ij.; Lloyd's Hydrastis, ℥ ij.; Aquæ q. s. to ℥ vj. M. Sig. Use as injection every three hours till relieved.

I have prescribed this medication in the worst of cases again and again, and it has never yet disappointed me. I never think of using morphia in such cases.

Experimenters differ as to its power of increasing or restraining mucous secretions. In using it in cases of specific urethritis, my experience is that when of the strength of from ʒ i. to ʒ iij.—4 per cent. solution—to ℥ vj. of injection and used as above, it restrains the secretions and is thus not only palliative but curative.

In minor surgical operations this remedy has a widening field of usefulness. Circumcision may be performed, felons and carbuncles may be opened, inflamed hæmorrhoids may be treated, a harelip may be operated on, a foreign body may be removed from the eye, some forms of nævus may be removed. Any of these cases may be attended to if we properly use hydrochlorate of cocaine to start with and scarcely any pain will be suffered. There are times when there is urgent need to empty the bladder, and the parts are so sensitive that it cannot be thought of unless we first use some anæsthetic, but with the help of this remedy it is a painless affair. I have removed with the knife, without any apparent suffering, an epithelioma of the lower lip after injecting a 4 per cent. of cocaine into the tissues around the morbid mass. In operations about the eye, as also in the buccal cavity, it is useful.

Some persons seem more susceptible to the influence of the drug than others. I have removed a bullet from a boy's leg, using this remedy and have not had so much as a whimper. Another time I used it in removing a foreign body from a man's finger, and it seemed to have little or no power to obtund pain; but I must say that this is the only case where I have seen it to fail. I think a mistake has been made many times in using a strong solution freely on mucous surfaces. I have known a man to suffer inconvenience for forty-eight hours after an operation performed in the nose where this remedy had been

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used very freely. I believe in a large majority of cases, the 4 per cent. solution will be strong enough; and I have seen no trouble when of this strength used with care.

In conclusion one of the objections to the use of this remedy has been that there is a tendency to congestion after its use. Oculists have reported serious inflammation of the eyeballs attributable to it. I believe this may be explained on this principle: We have seen that by stimulating sympathetic structure local circulation is lessened. If this stimulation be pushed beyond a certain point, we shall get as a result, relaxation and exhaustion and consequent congestion following over-stimulation. Acting on this supposition some experimenters advise slight incisions giving rise to a little bleeding for relief of this local congestion. The fact that this congestion will take place at times should lead us not to use the remedy too freely or too strong. In conclusion let me repeat I believe with our present knowledge, the principal uses for hydrochlorate of cocaine are and for some time to come will be local ones, and I have only mentioned a few of these.

JOHN FEARN, M. D.

FERRY AT THE FORE-FRONT.

AN HONEST GOVERNOR VETOING DISHONEST MEDICAL LEGISLATION—WASHINGTON REDEEMED BY HER GOVERNOR.

THE message of Governor E. W. Ferry, of the new State of Washington, is a most excellent presentation of law, logic, and fact in regard to the statutes foisted by equivocal means and for selfish purposes upon many States of this Union. It shows, too, how willing many are to go to the utmost stretch of constitutional authority to accomplish unworthy purposes. The message is a State paper which has long been wanted, and the doctrine which it enforces must yet become the foundation of civil as well as medical jurisdiction, or free government will be only the farce of the age.

We give the message entire, only dividing it into topics. It was dated February 26, 1890.

To the Honorable the House of Representatives of the State of Washington, Gentlemen: I herewith return House Bill No. 27, entitled: "An act to regulate the practice of medicine and surgery in the State of Washington, and to license physicians and surgeons, to

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punish all persons violating the provisions of this act, and to repeal all laws in conflict therewith," with my objections thereto.

The enactment of laws for the protection and preservation of human life and health is both commendable and necessary. The Constitution imposes upon the Legislature the enactment of laws to regulate the practice of medicine and surgery.

On a former occasion I directed the attention of the Legislature to this subject, and I renew the recommendation that I then made.

THE PEOPLE HAVE RIGHTS IN THE MATTER.

The laws to be enacted, however, should not contravene the plain provisions of the Constitution; they should not confer upon a small body of persons undefined, unlimited and autocratic powers, under which certain classes of our fellow-citizens might be made to suffer irreparable injury, and a still larger class be deprived of the right to employ such medical advice and assistance as may, to them, seem proper and advisable; a right which they have always regarded as sacred and constitutional.

WHAT THE LEGISLATURE MAY DO.

The Legislature undoubtedly has the power to provide for a board of medical examiners, but it cannot confer upon such board unconstitutional powers.

The Legislature can create inferior courts, but it cannot confer upon such courts legislative powers. This principle has been declared by our supreme court during its present term.

THE PROSCRIPTIVE SECTION UNMASKED.

The most serious objections to this bill are contained in Section 3, which is as follows:

"All persons hereafter commencing the practice of medicine and surgery, in any of its branches in this State, shall apply to said board for a license so to do, and such applicant, at the regular meeting of said board, shall submit to an examination in the following branches, to wit: Anatomy, physiology, chemistry, histology, materia medica, therapeutics, preventive medicine, practice of medicine, surgery, obstetrics, diseases of women and children, diseases of the nervous system, diseases of the eye and ear, medical jurisprudence, and such other branches as the board shall deem advisable. Said board shall cause such examination to be both scientific and practical, and of sufficient severity to test the candidate's fitness to practise medicine and surgery. After examination, if the same be satisfactory, said board shall grant a license to such applicant to practise medicine and

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surgery in the State of Washington; which said license can only be granted by the consent of not less than five (5) members of said board, and which said license shall be signed by the president and secretary and attested by the seal thereof. The fee for such examination shall be ten ($10) dollars, and shall be paid by the applicant to the treasurer of said board toward defraying the expense thereof; and such board may refuse or revoke a license for unprofessional or dishonorable conduct. In all such cases of refusal or revocation the applicant may appeal to the appointing power of said board."

Under this section a majority of the State board of medical examiners may refuse to grant a license to any applicant merely by saying, "We are not satisfied with your examination."

The language of the bill is: "After examination, if the same be satisfactory, said board shall grant a license," etc. From this it will readily be seen that a physician may come to this State to reside and practise his profession. His reputation may be national, and his private and professional character may be immaculate. He may be examined by the board upon all the subjects prescribed, and *his proficiency may be perfect, yet five members of the board have only to say "Your examination is not satisfactory," and refuse to grant him a license. He has no remedy.* There is no appeal from this decision. The bill gives no appeal, except in case where the board refuses or revokes a license for unprofessional or dishonorable conduct. The applicant for license is compelled to leave the State and go where such arbitrary powers are not conferred upon a board of medical examiners.

WHAT CAN BE AND WOULD BE DONE.

If the board can thus decide in one case it can in all, and therefore it would be within the power of the board *to refuse a license to every physician whose views in regard to the practice of medicine were not in consonance with a majority of the board.*

It may be said that it is not probable that this course will ever be pursued by any board which may be appointed. This is a mere matter of opinion, and cannot be demonstrated. No law should ever be enacted under which it would be possible that the citizens could suffer injustice and wrong. *History teaches that autocratic and unlimited powers have almost universally been abused.* Human nature has been the same in all ages. Selfishness and self-interest are as predominating traits of character to-day as they have ever been in the past.

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PERSONAL AND ARBITRARY POWER INHIBITED.

Justice Matthews in a case decided in the supreme court of the United States, 118 U. S. 356, uses this language: "When we consider the nature and the theory of our institutions of government, the principles upon which they are supposed to rest, and review the history of their development, we are constrained to conclude that they do not mean to leave room for the play and action of purely personal and arbitrary power."

NO EXCEPTIONAL PRIVILEGES.

Another objection to the bill arises under Section 12 of the declaration of rights, which is as follows: "No law shall be passed granting to any citizen, class of citizens, or corporation other than municipal, privileges and immunities which upon the same terms shall not equally belong to all citizens or corporations."

The bill, although not in express terms, yet by clear implication, permits every citizen who is engaged in the practice of medicine at the time the bill should become a law, to continue such practice without examination. Yet *another class who desire to commence the practice after the law takes effect, must submit to certain conditions which are not imposed upon the other class.* The bill, therefore, confers upon one class of citizens important privileges which cannot, upon the same terms, be enjoyed by another class, and is therefore in conflict with the Constitution. In addition to this, Section 7 of the bill expressly excepts from its operation a certain class, which cannot constitutionally be done.

THE CODE MAY NOT BE SO ENFORCED.

Another objection to the bill is that it confers legislative power upon the Board of Examiners. The Constitution, Section 2, Article 20, is as follows: "The Legislature shall enact laws to regulate the practice of medicine and surgery, and the sale of drugs and medicines." The bill provides that the board may refuse or revoke a license for unprofessional or dishonorable conduct, but it does not prescribe what acts shall constitute unprofessional or dishonorable conduct.

There is no recognized standard or code of medical ethics defining what is unprofessional or dishonorable conduct which will control the board in their action; *hence the board has unlimited power to adopt such rules* and regulations upon this subject *as they may*

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deem proper. These rules and regulations when adopted will have the force and effect of laws, and will regulate the practice of medicine and surgery.

Judge Cooley, in his article upon Constitutional Limitations, says:

"One of the settled maxims in constitutional law is, that the power conferred upon the Legislature to make laws cannot be delegated by that department to any other body or authority. Where the sovereign power of the State has located the authority, there it must remain; and by the constitutional agency alone the laws must be made until the Constitution itself is changed. The power to whose judgment, wisdom, and patriotism this high prerogative has been intrusted cannot relieve itself of the responsibility by choosing other agencies upon which the power shall be devolved, nor can it substitute the judgment, wisdom, and patriotism of any other body for those to which alone the people have seen fit to confide this sovereign trust."

A FORGOTTEN CONSTITUTIONAL SAFEGUARD TO PERSONAL RIGHTS.

The unlimited power given to the board to revoke the license of any physician in this State at any time for a violation of what the board may declare, or think, to be a dishonorable or unprofessional act *is in conflict with the Fifth Amendment to the Constitution of the United States.* This declares that no person shall be deprived of life, liberty, or property without due process of law.

When a physician has complied with every requirement of the law, has received a license, and is engaged in the practice of his profession, this practice is of value to him; it is in one sense property, and he cannot be deprived of it without due process of law.

The whim or caprice of a board which is not even required to take an oath to discharge the duties devolved upon them cannot be regarded as due process of law.

In the case of Dent *versus* State of West Virginia, decided in the Supreme Court of the United States, Jan. 14th, 1889, Justice Fields, referring to a question whether a right to practise medicine under a license is property, says:

"It is undoubtedly the right of every citizen of the United States to follow any lawful calling, business, or profession he may choose, subject only to such restrictions as are imposed upon all persons of like age, sex, and condition. This right may in many respects be considered as a distinguishing feature of our republican institutions. Here all vocations are open to every one on like condition. All may be pursued as sources of livelihood, some requiring years of study

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and great learning for their successful prosecution. The interest, or, as it is sometimes termed, the estate acquired in them, that is, the right to continue their prosecution, is often of great value to the possessors, and cannot be arbitrarily taken from them, any more than their real or personal property can be thus taken."

From the above it will be apparent that under this bill a person may be deprived by this board of what is regarded under the Constitution as property. No trial is provided for; no notice is required to be given to him, and if, after his license is revoked, he continues to practise, he may be fined in the sum of one hundred ($100) dollars, or imprisoned in the county jail for ninety days, and all this resulting merely because he differs with five men in what they may regard as unprofessional or dishonorable conduct.

MEDICAL BOARDS HAVE NOT JUDICIAL POWERS.

It is true that in a case of a revocation of license an appeal may be taken to the Governor. It is a serious question whether this is not unconstitutional, as conferring judicial power upon the executive branch of the government.

A very serious question arises whether the power given to the board to revoke a license is not judicial in its character. If this is the case, we have the anomaly of one body clothed with both legislative and judicial functions.

CASE OF LAWYERS NOT ANALOGOUS.

It may be said that the power conferred upon the Board of Examiners is similar to the power possessed by courts to disbar attorneys. There are several answers to this. The power to disbar attorneys is exercised by recognized judicial tribunals. An attorney is an officer of the court. The laws of Washington in express terms declare what the duties devolving upon an attorney are, and a violation of any of these laws constitutes dishonorable or unprofessional conduct, for which the court can exercise its power of disbarment.

THE PEOPLE WILL NOT SANCTION MEDICAL USURPATION.

A few States have adopted laws for the regulation of the practice of medicine and surgery, but I have been unable to find any law where the power given to the Board of Medical Examiners is so unlimited and so liable to abuse as the power given to the board under the present bill. While it is apparently copied from a law enacted by one of our sister States, it is very dissimilar in the impor-

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tant point that it affords no appeal where the board refuses to grant a license after examination.

It is eminently proper that in the enactment of laws we should look to those enacted by our sister States which are sound, wholesome, and free from constitutional objections; but it certainly cannot be good policy to follow the example of a sister State in the enactment of a law to which there are serious constitutional objections, which confers arbitrary and despotic power, and which will not receive the sanction of a large number of our fellow-citizens.

E. W. FERRY.

SPIRIT OF THE MEDICAL PRESS.

THE *Eclectic Medical Journal* has a novel editorial article upon "The Study of Medicine." It says:

"You may answer: 'We are not students; we have studied medicine.' I reply: When one ceases to be a student he should retire from business. Always a student, always learning, always 'wanting to know,' keeps a man out of the professional rut of guesswork in diagnosis and prescribing by rote. . . .

"I have hitherto called attention to the fact that every practitioner should be a maker of books; and that the book or books he makes has more value to him than the books he buys. He is not obliged to print, and he gets his profit without selling.

"An old friend of mine, and a successful practitioner, kept 'King's Dispensatory' on the table, and was always looking it over at spare minutes. He knew it by heart almost, but said he 'wanted to keep it fresh,' as the knowledge of *materia medica* gave success in practice. Another had his college 'note-book' of Jones' lectures, to which he was constantly adding from his experience.

"One can make his own *materia medica*, as he can his own practice of medicine, by continually putting down his daily observations. It is the best study a man can make, and the best practice. The effort to record is a stimulus to better study of disease and remedies,* and the closer the study of patients the better the success in practice.

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* Medical societies, by requiring the members to present papers, and securing the publication of them, are most effective in this very respect.—ED MEDICAL TRIBUNE.

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"It is a great mistake to suppose that disease is better studied in hospitals. It is a greater mistake to suppose that it can be studied to better advantage in another person's hands, or from his mouth; and it is a mistake to think that a city practice or a large number of patients daily is a necessity. The diseases of the country are best studied in the country, and three or four patients a day can be more carefully watched than thirty or forty."

In another article Doctor Scudder says:

"I have taken something entirely on the outside of medical books and journals to illustrate the plan of study. I should take any portion of the body and study it in the same way [by observation of the mouth and lips], as opportunity offered. 'Science is knowledge digested and arranged,' and if we ever have a Science of Medicine, it will have to be made in the same way.

"If I should ever regain my health, as now seems possible, I will make a book in this way and publish it. I have faith that it would make a more practical work than anything we have."

The *American Medical Journal* contains a leading article upon "Cerebral Localization and its Relation to Surgery," by Professor Younkin, illustrated and worthy of careful study. Doctor Stadler's paper on Spinal Sclerosis, the condition always found in locomotor ataxia, is very instructive. Doctor L. L. Randolph's paper to illustrate how "The World Moves," is a rather deceptive view of medical matters in and about this State. There is a well-defined cat under the meal of the New York Medical Society, and while professing liberality to other schools, there exists abundant reason to regard the profession as superficial. There remains much gall there which needs a new chemistry to sweeten into the commonest justice.

The *Journal* this month enters heartily into the matter of promoting society organization. We have suffered much from neglect in this particular, and the zeal of our esteemed contemporary and his fellow-laborers is most encouraging.

The editor gives us the following upon "Specialists":

"The *Cincinnati Lancet*, after recounting some of the medical giants who made Cincinnati famous, says: 'To-day Cincinnati is overcrowded with college-professors of innumerable types—surgeons who prescribe for belly-ache; oculists who examine the rectum for hæmorrhoids; gynæcologists who play at obstetrics and support lacerated perineums; throat specialists who attend cases of measles and scarlatina in hopes of turning an honest penny—a motley crew,

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whose talents may be as great as is claimed by their friends, but whose light is certainly hid under a bushel, if we are to judge by the rays that are never apparent in current medical literature.'

"Cincinnati is not different from other cities in this respect. Specialists must seek for their bread, and finding their field too narrow, they are enticed to other branches of the profession. A medical neighbor of mine fixes these matters quite differently. Among the ladies he is a specialist on gynæcology; amongst the injured and wounded he is a specialist on surgery; to those afflicted with piles he makes rectal diseases a specialty; diseases of the eye and ear have received his special study;—in fact he is a specialist on all classes of cases with which he comes in contact, except the umbilicus—this organ has been much neglected. Won't some good doctor take up this subject and put out his card, 'Diseases of the navel a specialty'?"

THE Chicago *Medical Times* appeals to the young members of our profession to learn to be writers, and proceeds to tell how it is done.

"An essential factor in the education of the young physician is, *first*, that he should learn to be an original thinker; and *second*, that he should cultivate a clear, graceful and natural method of expressing his thoughts.

"To do this he must write; we are in need of *good, clear, forcible writers.* Our men are all hard workers—good, faithful, practical men; but they do not cultivate a habit of giving to others the benefit of their labor and experience as they should. It is much more difficult, and we cannot be so successful while working on our own experience and observation alone, as we can if we have the accumulated experience of all.

"There is perhaps more ability among our young men to-day than ever before in our history; and that ability must be developed and utilized for the good of all. The field of usefulness is especially wide to those who will develop the good there is in them. *These men will be the leaders in medical thought* in our school in a few years, when those who are now standing at the head shall have passed away. . . .

"There comes to every physician experiences which are unique. He will see cases, a correct history of which will help some other brother out of a dark place, perhaps. Unless the young doctor is a close observer, he will, through ignorance, fail to discover the unique

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character of the disorder. If he is not a writer, he will fail to give to others the benefit of his observation.

"We would therefore say to all young physicians: WRITE! Write simply; use short, simple, expressive language; write the sentences full; do not cut them too short. Give us the history of unsuccessful as well as of the successful cases; they are both equally important. Do not be discouraged if the first effort is not entirely successful. Try again. It would be unfortunate if you were pleased with the result of your every effort. It is a good symptom when you are not too easily peased with your own work."

PROF. ELLINGWOOD pays the following deserved tribute to a brother teacher and editor:

"Professor Younkin in the *American Medical Journal* enunciates our principles perhaps the most clearly of any; and it would be well if it were understood by all that the prerogative of selection, a faith in the restorative power of nature, a confidence in the direct action of remedies, and a fraternal feeling toward all qualified physicians constitute our principles, with the Golden Rule as our Code of Ethics.

"This comes the nearest to what we naturally accept as Eclectic principles, as they can be expressed in a few words.

"The actual distinction between our Practice and that of other Schools comes in in the fact that we have studied more carefully than any other, and have thus familiarized ourselves with, and become more skilful in the use of, certain vegetable remedies which up to a recent date have not been generally used by other physicians."

IN regard to the proposition of the late President of the New York State Medical Society, that "in order to insure fairness, each existing school of medicine should have a representative on the Board" of State Examiners, the *Medical Times* says: "This shows a growing tendency toward toleration, and a more kindly feeling between qualified physicians of whatever school."

Perhaps so. To us who come in more direct contact, the tendency toward toleration, the kindly feeling, seem homœopathically attenuated.

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RHEUMATISM.

It has long been a mooted question whether or not rheumatism is caused by the excess of acid in the blood. As it is such a common disease, it behooves us to become familiar with its pathology and treatment. Acute rheumatism is now well defined, but the name "*rheumatism*" covers an immense range of pains, from those of locomotor ataxy to the periosteal affections caused by syphilis, etc. The term "*rheumatism*" could well be expunged from our medical vocabulary. It serves to hide the blunders of those who are unable to correctly diagnose rheumatism from other painful affections, and it has inspired the patient with false hope of security against danger in grave affections. This affection may be called articular inflammation, or lithiasis. Then we have mialagia, or muscular rheumatism.

Causes.—It is now a settled fact in my mind, that the primary factor of this affection is excess of uric acid in the blood, settling in the tissues. There is much similarity in the pain of acute and chronic rheumatism, and the pain of gout does not differ a great deal from either form. Rheumatism, as a disease, certainly stands in relationship to lactic acid. *When glycogen is given off into the general circulation it is converted back again into sugar.* This sugar is broken up into lactic acid, which unites with alkalies in the body, and forms lactates. Prout advanced the idea, many years ago, that rheumatism was connected with lactic acid, and B. W. Richardson experimented upon dogs, by giving them lactic acid, by injecting it into the peritoneum, which quickly produced endocarditis. Dr. Balthazar Foster found that acute rheumatism was readily produced by even medical doses of lactic acid, given for diabetes.* I produced rheumatism upon myself last May, by using as a diet drink sour milk, which soon yielded to alkalies and salicylic acid. I repeated the same experiment in July, and with the same result; and I cured it again with benzoate of ammonia, alternated with salicylate of lithia; occasionally taking also colchicum and cimicifuga racemosa for a few days.

Acute rheumatism, or rheumatic fever, as it is usually called, is

* I have recently treated a case of acute rheumatism caused by the excessive use of vinegar.

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a very common disease in the winter and spring, throughout the southern parts of the United States of North America. It is rarely fatal of itself, but it is frequently the cause of death from its giving rise to fatal disease of the heart. The inner and outer surfaces of the heart are inflamed in rheumatic fever or inflammation. As in gout, there are localized inflammations associated with this general condition. Inflammatory rheumatism, like-gout, doubtless indicates more or less self-indulgence at the table—it is evidence of a liberal diet; hence "*lithiasis*" is the title preferred to the old name "*rheumatism*," which last does not indicate the cause. In using the term "lithiasis" in connection with this affection, it directly suggests the general pathological condition upon which the disease depends. It conveys the idea that the cause is the saturation of the fluids of the body with nitrogenized waste, in the most persistent form, that is, in the form of uric acid. And it may manifest itself in the form of mialagia or muscular rheumatism, or in the form of arthritic rheumatism. This condition of the blood may not, however, produce rheumatism, but some skin eruption, dyspepsia, bronchitis, or inflammation of some serous membrane instead. And again, this condition of the fluids may be followed by calculous formations. We do not know far the accumulation of uric acid in the blood is due to imperfect oxidation, to impaired activity of the kidneys, or to the inaction of the skin. Defective action of the skin doubtless does favor retention of nitrogenized waste in the blood, as well as inadequate renal depuration. Excess of uric acid does not always depend upon high living, or upon the use of articles containing lactic acid, or lactates. It sometimes originates in imperfect oxidation of the nitrogenized elements, which result from the splitting up of the peptones in the liver into glycogen and waste azotized materials of the blood. Hence, lithiasis may attack the laboring man as well as the indolent. And the treatment must be modified accordingly. I have seen the local deposition of uric acid, as urate of soda, in the cellular tissue, near the articulations, in rheumatism, similar to those concretions found in gout. In other cases I have seen the ligaments so infiltrated with the urates that they became rigid and immovable, rendering the joints involved useless.

There is much difference of opinion in regard to the measures to be adopted in the removal of this pathological condition.

Treatment.—The treatment is suggested by the prevailing diathesis. Alkaline treatment appears to be the most rational mode

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of combating this morbid condition. Potash, in the form of the iodide, citrate, acetate, and nitrate, has been advocated. All of these salts of potash are better than soda; but the most active anti-uric-acid remedy I have found is the carbonate of lithia, or the benzonate of ammonia. The last-named converts uric acid into hypuric acid, which is harmless. Recently I have used salicylic acid with the best of success. Again, I have used salcyliate of lithia with fine results. I alternate one or the other of the above articles with aconite, in doses of 1 to 2 gtts., with sweet spirits of nitre, one drachm every two hours; and if the fever runs high, I give the above remedies, in the above-named doses, every hour, until the pulse comes down to near a normal standard; then at longer intervals, until the fever is subdued, or much moderated. All the old remedies, such as colchicum, cimicifuga racemosa, phytolacca, and sarsaparilla, act as tonics, lessening the tendency to fermentation in the stomach; or as diuretics and diaphoretics, removing the acid from the tissues and the blood. Phytolacca decandra, colchicum, and aconite doubtless contain alkaloids that act like the alkalies; but cimicifuga acts as a tonic, preventing fermentation, while sarsaparilla acts as a mild diaphoretic and diuretic, thus aiding depuration of the acid from the blood, and perhaps that already deposited upon the articulations. There can be no reasonable doubt now that the most successful treatment is the proper selection of the alkalies. I have found the following to work admirably well: ℞. Tinct. aconite rad., gtts. xxxii; spts. nitre dulc., ʒ iv; acid salicylici, ʒ iiss; mix, and give one teaspoonful every three hours; and lithia carbonate, 5 grs., or benzoate of ammonia, 5 grs., instead of the lithia carb., every three hours.

The habit of administering opiates to give temporary rest is objectionable, from the fact that opium always locks up the secretions, thereby lessening elimination, except through the skin; and its diaphoretic action does not compensate for its injury to digestion. I have often resorted to the medicated-vapor bath, in extreme cases, with positive success. I take about 8 drachms of the strong tincture of camphor, and slowly evaporate it on a hot iron or brick, while the patient, denuded, sits over the vapor in a chair, while his entire body, except his head, is covered with a heavy blanket or quilt. This vapor-bath should be repeated every night; then the patient is put to bed, and diaphoretic remedies are given to keep up the elimination through the skin. This aids the alkalies in removing the nitrogenous elements

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of waste from the blood, and from the tissues, more rapidly than could be accomplished otherwise.

CHRONIC RHEUMATISM.—Chronic rheumatism frequently results from an attack of acute rheumatism improperly treated, or entirely neglected by the patient. It also arises spontaneously in patients of less vigorous stamina, when digestion is imperfect and elimination limited. That form attacking the lumbar regions is either gouty or mialgic in character, and the proper remedies are bryonia album, alternated with benzoate of ammonia, or the salicylate of lithia, or the carb. of lithia, in doses of 3 to 6 grs., every three hours. All cases of chronic rheumatism probably are accompanied with an inactive condition of the skin; consequently, a distinct part of the treatment includes diaphoretic remedies, such as guaiacum, combined with the muriate of ammonia, thus: ammoniæ hydrochlor., ʒ i; tinct. guaiaci, ʒ iv. Mix and give a dessert-spoonful every three hours in the day.

Some prefer the iodide of potash, but I have never seen any better results from it than from other alkaline salts. If the patient's suffering in the joints be aggravated by rest, then I have usually found great relief to follow an alternation of rhus toxicodendron with the benzoate of ammonia, or salicylate of lithia. And in cases, on the contrary, that are much relieved by rest, and aggravated by exercise, then the saturated tincture of bryonia album, in doses of 5 gtts., may be given in alternation with one of the above alkalies.* If there is anæmia, then the pyrophosphate of iron should be alternated with the alkalies. After the pain is relieved, the digestive organs should receive due attention. I have found that 20 gtts. of tincture of cimicifuga, and 60 gtts. of quassia, three times a day, fortifies the patient against the relapses that otherwise so frequently occur.

I. J. M. GOSS, A.M., M.D.

AMERICAN STUDENTS—It is said that the average American student learns more in one month than the German student does in three. It would seem, therefore, that the modern movement to require longer attendance in medical colleges is not for the purpose of having more efficient practitioners, but to get more money out of students, keep poor young persons from becoming physicians, and to make those who do *pay* and attend as idle, inefficient drones as the Germans are.

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* See the author's work on Practice.

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ACONITE.

I HAVE one indication for which I prescribe aconite, and one only. That is a sensation of chilliness, with a shivering as if cold when the air strikes the body, either when turning over in bed and moving the bed-cover so as to produce a fanning movement, or when the person comes in contact with the air in moving from one apartment to another. In such cases there will be invariably a rise of temperature, a feeling of depression, debility, and a perverted calorification, which condition will be remedied by the administration of aconite.

Given a case of pneumonia, and there will be present rigors—not nervous rigors, as are witnessed in persons who are prostrated from fright or other emotion, or as manifested by the parturient, but cold chills; and aconite is the remedy. Toothache will be attended by this chilly sensation, and can be cured by aconite administered internally. Neuralgia of any locality will be accompanied by this manifestation of fagging of the vital forces, and will be promptly corrected by aconite. Dysentery; some cases of diarrhœa, especially that of children—the so-called summer-complaint, often misnamed cholera-infantum,—will be more readily controlled by the addition of aconite to the prescription.

Measles, scarlet-fever, croup, colds, "La Grippe," are not without this symptom, which should be considered the key to the situation. It makes no difference what the disease may be named, if this one symptom be present give aconite, and if the other indications in the case are met properly, the word failure will be left out of the list of expletives. Aconite must be given in small doses, repeated at intervals of an hour.

I prescribe Lloyd Brothers' Specific Tincture of Aconite, because I have found it reliable and of uniform strength. For an adult I write—

℞ Spcf. Tr. Aconitæ, ... gtt. x.
Aquæ, ... ℥iv. m.

Sig.—A teaspoonful every hour. For a child of ten years, one half the quantity of Tr. Aconite. Infants should have not more than one tenth the size dose of adults.

These doses are curative, and appreciative, not of the high dilution order, that it requires faith to follow. Study this one remedy as I have for the past thirty years, and you will also exclaim "Eureka!"

F. H. FISK, M.D.

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Editor's Table.

TRIALS OF PROSCRIPTIVE LEGISLATION IN NEW JERSEY.

THE Medical Commission Bill in the Legislature of New Jersey has had a voyage over rough and troublous seas. It was first introduced in the House of Assembly by Mr. Kalisch of Newark, who has set out with small capital to make a great reputation. He had looked for smooth sailing, but found not only storms, but a lively hornets' nest about his ears. The homœopathic and eclectic societies rallied forces, and their presidents and representatives made the man's life miserable. Finally, when the bill was reached, he declared that it had the support of the entire medical profession. Mr. Potts of Jersey City denied this, and moved an amendment that the Board of Examiners should consist of three "regulars," three homœopathists, and three eclectic physicians. This was adopted, and the disgusted champion of proscriptive medicine hurried to withdraw the bill; showing that an old-school board was all that the bill meant.

Mr. Potts immediately introduced another, providing for a board of nine examiners, three from each school. Some days after, however, he receded from his position, and amended it so as to create a board of five allopathists, three homœopathists, and a solitary eclectic. In this form the Assembly, in order to get rid of it, passed it, and transmitted it to the Senate. The Newark *Sunday Call* of April 6th gives the following view of the situation:

"Dr. Anderson, of Newark, is the president of the State Homœopathic Medical Society, and is much interested in the Medical Commission Bill, which is now pending over in the Senate with little or no chance of passage. He states that the 250 physicians of his school throughout the State are up in arms over the bill as it is now. They want the representation in the Commission changed, so that each school shall have an equal representation and not give the allopaths five members, the homœopaths three, and the eclectics one. He is of the opinion that if the bill cannot be amended it had better be killed.

"There is an adverse feeling to the bill now existing among the

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Senators. Senator Martin does not hesitate to say that the bill is wrong in its inception and unconstitutional. He doubts whether the State has the right to say who shall be the family physician of its citizens. It places too much power in the hands of a few, and the question arises in his mind, *Who shall examine the examiners?* Senator Roe of Gloucester County, who is himself a physician, looks with suspicion on the bill, and has criticised it severely. The homœopathists intend to bring pressure on the Senator of every county to amend the Potts bill so as to give their school an equal show with the old-school practitioners. If they cannot succeed in this, and the bill is passed, they will formally request the Governor to submit the bill to the Attorney-General for an opinion on its constitutionality. If it becomes a law it will be tested at once in the Supreme Court, and a lively war of the sawbones is threatened."

The Eclectics have opposed the measure steadily on the general principle which has characterized Eclectic Medicine from the first, and have also demanded that if any board is to be created, they as the weaker party should have equal representation; because they cannot expect justice, or even a show of it, from their adversaries.

The Potts bill, however, has since passed the senate in this partisan form, with an amendment requiring the consent of every member of the Board of Examiners, to enable any candidate to receive a license.

GOVERNOR FERRY'S MESSAGE.

THE Veto Message of Governor Ferry, which is given entire in this number of the MEDICAL TRIBUNE, is one of the most outspoken, clean-cut, sound-principled arguments of later years. It is absolutely unanswerable. Gov. John D. Long of Massachusetts would have written just such a message, and there have been a few more. Such Governors renew one's wavering hope in American politics, which have seemed for years to be going to the bad.

The Tacoma *Globe* voices the sentiment of the people of the new State in regard to the manly utterance of their Governor:

"The Governor's veto of the medical bill is exactly what *The Globe* and nearly all the other journals of the city, as well as almost every citizen who was not personally interested in behalf of the 'regular' doctors, expected. Governor Ferry is a wise and patriotic man, clear-sighted and just, and attempts to mislead him in matters connected with the liberties, rights, and welfare of the people will fail every time. The Governor most truthfully says that the medi-

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cal bill as presented for his signature would contravene the plain provisions of the Constitution. He exhibits the fact that the medical bill partakes of the character of class-legislation; that it confers legislative powers; that it is in conflict with the Fifth Amendment to the Constitution of the United States. Thus ends the most reprehensible piece of work that the Legislature has performed since it was organized."

DR. KING ON DOCTORS AND DRUGS.

THAT stanch veteran Dr. George W. King, of King's Station, N. Y., has been enlightening the readers of the New York *Tribune* in regard to "Doctors and Drugs," as well as *La Grippe*. In the days of Horace Greeley the *Tribune* was liberal in regard to medicine, and its editor was an advocate of the Law of 1844, since repealed. Dr. King belabors the modern practice of anodynes with an effective cudgelling. He says:

"Dr. Thomas Watson, in the year 1837, said to the students of King's College: 'The most common mode of death in continued fever is certainly that of coma. Now, coma may result from at least two different kinds of causes. One cause is pressure, which is mechanical. Another, which is probably chemical, is the circulation of some noxious or narcotic substance (such as opium) in the blood.' Think how opium poisons the blood and causes death, and then you will have no right to blame me when I object to its use in acute diseases. When physicians cease to employ poisonous, stupefying drugs and cold, stagnating treatment, but use harmless, curative drugs and relaxing, cleansing wet-heat, *cases of blood-poisoning and gangrene will be as uncommon as white blackbirds.*"

His assertion relative to the unnecessary mortality from pneumonia, now so common, will be sustained by the great body of our readers:

"I have a firm belief," he declares, "founded upon many demonstrations, that *there is no more necessity for any uncomplicated case of pneumonia having a fatal termination* than for any uncomplicated case of measles having a like termination; and uncomplicated measles, properly treated, will not cause death any sooner than a simple case of itch will develop into small-pox. The present common way of treating measles with cold drinks causes the death of many persons, and causes many others to tell for years what troubles they have had ever since they had the measles. Of course there is an old and wise law of cause and effect which human legislation or the polish of education never can change. Of course, different results are often caused by different treatment."

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THE NATIONAL.

OUR readers should remember that the Annual Convention of the National Eclectic Medical Association will be held at Niagara Falls, N. Y., on June 17th, 18th, and 19th, 1890.

The International Hotel will be the headquarters of the Association, and delegates and members will be accommodated at the reduced rate of three dollars a day. The proprietors have kindly offered the large parlors of the hotel for the meetings, thus securing every comfort and convenience. This hotel is one of the finest in America, and delegates will have nothing to complain of during their stay at Niagara.

Drs. Lee H. Smith and George A. Rowe, of Buffalo, in behalf of the Eclectic Medical Society of Western New York, have charge of the arrangements for the care of the members of the National, and they promise the Association a right-royal welcome.

Every Society should send their full number of delegates, and every permanent member should make an effort to attend, so as to make this meeting the largest ever held by the Association.

N. Y. STATE ECLECTIC MEDICAL SOCIETY.

THE Annual Meeting of the Eclectic Medical Society of the State of New York was held at Albany, March 26th and 27th, 1890, with a full attendance of delegates and members.

The meeting was called to order at 10 A.M. on the 26th, by Dr. Lee H. Smith, President of the Society, when he proceeded to deliver the annual address, which is published in full in this issue of THE MEDICAL TRIBUNE.

A number of interesting papers were read and discussed while the Board of Censors was examining the credentials of delegates. The credentials were then reported as correct, and the delegates of the several local societies were admitted to the privileges of the floor.

A lengthy discussion took place in the evening on Medical Legislation, and resolutions were adopted in opposition to any further interference with the medical laws of the State.

On the morning of the 27th, the reports of the Secretary and

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Treasurer were read, and they showed the Society to be in a flourishing condition. Favorable reports were also made by the several auxiliary societies.

The election of officers being in order and the report of the nominating committee not being accepted, the society proceeded to ballot, and the following was the result :

For President, Dr. Robert A. Gunn, of New York City, received 43 votes, and Dr. George W. Boskowitz received 32.

For Secretary, Dr. Thomas Cleland received 41 votes, and Dr. John A. Beuermann received 34. The other officers were elected by unanimous vote, making the officers for the year as follows:

President—Robert A. Gunn, M.D., New York City.

Vice-President—J. P. Marsh, M.D., Binghamton.

Secretary—Thomas Cleland, M.D., New York City.

Corresponding Secretary—Edward B. Foote, Sr., M.D.

Treasurer—Phœbe Low, M.D., Liberty.

Chairman Board of Censors—Robert S. Newton, M.D., New York City.

In consequence of the illness of the retiring Secretary, we were unable to secure the full minutes of the meeting; but they will soon be published in pamphlet form, and a copy sent to every eclectic in the State.

OBITUARY.

DOCTOR LEMON T. BEAM.

THE great flood at Johnstown, Pennsylvania, May 31, 1889, will long be remembered. A city with some ten thousand inhabitants, thrifty and prosperous, with wealth and culture steadily increasing, was, in a brief hour, struck out of existence. Where had been houses, shops, manufactories, was a mass of unsightly ruins. The loss of life can never be known; but it was to be computed by thousands.

Among the number that perished was Doctor Lemon T. Beam, long known as one of the ablest and most active of eclectic physicians in Pennsylvania. "No one," says his friend and neighbor, Dr. B. L. Yeagley, "no one was more honored and respected by his fellows, no one more faithful to the interests of patron and friend, no one a more firm supporter or able defender of the professional principles espoused than was Doctor Lemon T. Beam."

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Professor A. J. Howe says of him: "Doctor Beam *par excellence* appreciated the necessities of those who trusted in him, and bestowed upon each supplicant such advice as was most befitting the peculiarities of the need; to the poor he was more generous than considerate; he sacrificed self to the general welfare; he responded to calls made by those not as sick as himself; he was never accused of neglecting a trust or duty; he rode weary miles to relieve the distresses of those who could promise no pecuniary remuneration. Doctor Beam led an upright life, always practising what he professed. He was moral, religious, and law-abiding, despising cant and hypocrisy. He was that noblest work of God—an honest man!"

Doctor Lemon T. Beam was born in Ligonier Valley, Pa., January 3, 1834. His ancestors were participants in the war of the Revolution, and their love of freedom, and hatred for illiberal domineering, was inherited to the full by this noblest of their descendants. He had to force his way to an academic education, but he did so with resolve, and in 1849 became a student in medicine, graduating six years later. He entered upon practice at Ligonier, but removed to Johnstown in 1870, where he became eminent as a practitioner and the most trusted champion and counsellor in behalf of Eclectic Medicine.

Perhaps his greatest success was in the defeat of the Medical Bill of 1889 in the Legislature of Pennsylvania. Some years before, a statute had been passed, under false pretences, and operated for the sole purpose of excluding practitioners from the State who had not graduated from a Pennsylvania college. That statute, so revolting to common justice, if not to constitutional law itself, is largely, if not completely, a dead letter. A court to affirm it would have to forget the Federal Constitution.

In 1889 the attempt was made on the part of the representatives of the medical colleges of Philadelphia to procure a license bill creating a State board of nine Medical Examiners, six of whom should be named by the State Medical Society. The boast was made that that bill would become a law and "irregulars" driven from the State. Doctor Beam was foremost among the Eclectics to give the alarm. A meeting of the State Association was held to declare its attitude upon the subject, and he, with others, went to Harrisburg to appeal to the Legislature. They conferred with members, communicated with public journals, and succeeded in convincing a majority that other practitioners besides those of the Old School had rights to be

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respected. When the Medical Bill came up for consideration it was amended so as to prohibit a majority of Examiners from being taken from any school. As this was all that the Philadelphia lobby wanted, they turned their backs upon Harrisburg in disgust, and sought for the defeat of the measure.

Great as was the honor paid to others,—the Yeagleys, Piper, Kughler, O'Neale, etc.,—all gave the meed of honor to Lemon T. Beam. Bold and intrepid, unremittent in vigilance and effort, he was certain to secure victory when victory was practicable.

He was indefatigable with his pen. Every one of the journals of the school was enriched with his contributions. He was a zealous teacher, and placed sixteen students, all of them competent and successful practitioners, in the medical profession. To the last he was active to promote the general cause, but he never neglected personal duty.

The action of the Committee of the National Eclectic Medical Association in his honor appears in its volume of *Transactions,* now about to be issued, with a portrait. A paper by him upon *Eclecticism in Medicine and its Ethics* will appear in the MEDICAL TRIBUNE.

Now that he is lost from our number we begin to know his worth.

RECENT PUBLICATIONS.

The reputation of Professor Scudder in the medical world has been fully established as the sturdy champion of Specific Medication.* He will be longer remembered in this respect than for his thirty-five years' administration of a medical college which he rescued from ignoble penury, and managed with remarkable success. He has taught the doctrine effectively, instant, in season and out of season, enforced it in his lectures, maintained it in the pages of the *Eclectic Medical Journal,* and at the meetings of the medical societies, till it has become, if not a distinctive tenet of the Eclectic School as such, at least a favorite and popular doctrine among its teachers and abler writers. Twenty years ago he first published his treatise on "Specific Medication," following it up a few years later with a companion volume on "Specific Diagnosis." They

* SPECIFIC MEDICATION AND SPECIFIC MEDICINES.—Fourth revision. With an appendix containing the articles published on the subject since the first edition, and a report of cases illustrating Specific Medication, by John M. Scudder, M.D. Twelfth edition published by John M. Scudder, 228 Court Street.

SPECIFIC DIAGNOSIS.—A study of disease with special reference to the administration of remedies, by John M. Scudder, M.D. Eighth edition. John M. Scudder, publisher.

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have since been issued in numerous editions, undergoing from time to time revision and additions to the contents, and are invaluable manuals to the busy practitioner as well as text-books for the medical student. The style of the volumes is familiar, free from elaborate terminology, and therefore doubly attractive. There is no necessity to wear out a dictionary to understand the author, or to unravel the meaning of tedious, involved sentences, which is a great merit in a scientific book.

The work on "Specific Medication" is a concise pharmacopœia, enumerating the principal remedies used in the manuals, their purposes and work of administration, almost bringing the work of prescribing to mathematical exactness. The appendix more elaborately defines the principle. It consists of extracts from public lectures and addresses, afterward published in editorial form; in short, the cream of what Dr. Scudder has set forth and defended in the *Eclectic Medical Journal* these many years. He is certainly enthusiastic, and very confident of the soundness and accuracy of the methods, almost compelling belief by his earnestness. He boldly distinguishes the New School from the Old, by showing that uncertainty in practice is invariably characteristic of the latter, while the new system approximates an exactness which determines its superiority. He will have no "hit or miss." The names given in nosology are often deceptive, covering morbid conditions widely apart, and therefore he will none of them, but prescribes directly for the morbid condition alone. In this the doctrine of Specific Medication is opposed to Homœopathy in that Homœopathic practice makes pain a principal symptom, and treats symptoms in place of pathological conditions. This is a forcible criticism, and hard to refute. Added to this, the Eclectic medicines are reliable. They have their poisonous action, and their medicinal and Specific Medication in the employing of them under the latter character. The aim is to make use of a single drug at a time, though no boast is made of having arrived at such perfection. Pleasant medication is also a hobby. In the study of *materia medica*, Dr. Scudder is philosophic rather than empirical. He proposes the explanation of causes with a view to their removal, always conserving the vital energy itself. He next inquires into the action of drugs in medicinal doses, how they affect the part or function diseased, and as disease is "wrong life," the action of the drugs opposed to this peculiar form and condition. He sweeps away the Homœopathic "law" of similars, by the fact that although many drugs have the actions in kind dependent upon the dose, their opposite effects dependent upon quantity do not pertain to all drugs, and vary greatly with many. We may adduce aconite, the homœopathic Samson, as comprising Dr. Scudder's argument.

Young practitioners, and, indeed, old ones, will find the paper on "My Pocket Case" suggestive and instructive; and having once read it, they will heed it carefully. The various articles which make up the Appendix illustrate the doctrine of specifics and their application so admirably that every one ought to read and study them.

Diagnostics are vitally essential in the case, and the companion treatise on "Specific Diagnosis," is important as showing the relation between symptoms of disease and the curative action of the drugs. This work is an endeavor to do away with the routine practice of fixing on the name of a disease by the books,

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and then prescribing at it according to the name. Disease has its expressions, and the physician should study them with reference to the administration of remedies. When a medicine is used, the direction is to use it in disease to do the very things which it does to one in health, and not the opposite.

In this work Dr. Scudder has shown himself a diligent compiler as well as observer. He adopts the views of the best authorities, with a direct view to making his book complete. He appends to it an index of remedies and the specific indications for them, which is to the point, comprehensive, and easy to understand. The fact that the book has passed through many editions and is yet in demand, is a flattering testimony to its popularity as well as to its value. Whoever has one ought by all means to have the other.

We have just received the "National Transactions,"* containing the proceedings, addresses, etc., of the Nashville (Tenn.) Meeting of the National Eclectic Medical Association, which was held on June 17th, 18th, and 19th, 1889. The volume contains 315 pages, most of which are filled with practical articles on the various branches of medicine and surgery. Among the contributors we find the well-known names of Milton Jay, S. B. Munn, J. M. Scudder, E. Younkin, Finley Ellingwood, A. J. Howe, A. B. Woodward, G. H. Merkel, and many others whom we do not personally know. A biographical sketch of the late Dr. Lemon T. Beam, with a fine portrait, gives us an excellent idea of the sterling qualities of the man who did so much for eclecticism in Pennsylvania.

The portrait of President Jay graces the volume as a frontispiece.

The work throughout bears evidence of the careful editing of the honored Secretary, Dr. Alex. Wilder, who has made the Transactions of this Association for the past twelve years a valuable medical library in themselves.

The book will be sent at once to all members of the Association.

COLLEGE COMMENCEMENTS.

THE MEDICAL AND SURGICAL COLLEGE OF NEW JERSEY held its second annual commencement on the evening of March 20th, 1890, at Cooper's Hall, Jersey City.

The usual address was delivered by Rev. Geo. J. Mingins of New York City, the degrees were conferred by Dr. Broughton, the President of the

* Transactions of the National Eclectic Medical Association of the United States of America for the years 1889-90. Vol. XVII. Edited by Alexander Wilder, M.D., Secretary.

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College, and the charge to the graduates was delivered by Prof. A. B. Whitney, M.D.

Three candidates received the degree of the College, and Prof. Whitney assures us that the prospects for the next session are very encouraging.

THE ECLECTIC MEDICAL COLLEGE of the city of New York held its twenty-ninth Commencement at Chickering Hall, Wednesday evening, March 12th, 1890. The degree of Doctor in Medicine was conferred on twelve graduates, one of whom was a lady, Vice-President Shaffer conferring the degrees.

Prof. Boskowitz read the report of the session, and Rev. Dr. Charles E. Eaton gave the address to the graduntes. Dr. Eaton paid a glowing tribute to eclecticism in medicine and gave the usual advice to the new-made doctors.

THE GEORGIA COLLEGE OF ECLECTIC MEDICINE AND SURGERY held its fiftieth commencement at De Give's Opera House, Atlanta, Ga., Wednesday evening, Feb. 26th, 1890.

Dr. A. G. Thomas conferred the degrees on sixteen members of the graduating class, Dr. J. G. Armstrong delivered the address to the class, and Dr. Benj. L. Simmons, of Tennessee, gave the valedictory on behalf of the graduating class.

THE HOMŒOPATHIC MEDICAL COLLEGE AND HOSPITAL of New York City held its annual commencement at Chickering Hall on the 10th. This being the birthday anniversary of Samuel Hahnemann, the exercises were of greater interest accoidingly. Judge Rufus B. Cowing, President of the Corporation, conferred the degrees upon a class of thirty-eight students, and addresses were delivered by Rev. Dr. Behrends, Prof. John W. Dowling, and Dr. Alonzo S. Ball, the veteran of New York homœopathists. The Alumni Association had their anniversary dinner in the evening at Delmonico's, which was in every way a great success. This college is now in a new building, and with its hospital, the gift of the Hon. Roswell P. Flower, seems to have entered upon a prosperous career.

MISCELLANY.

BENNETT COLLEGE POST-GRADUATE COURSE.—The Bennett Medical College announces a Post-Graduate Polyclinic, to begin about April 1st and to continue till September 15th. A term will continue six weeks, although the student can attend as many terms as he pleases. Practical instructions will also be given in Chemistry and Microscopy. This evidence of prosperity and enterprise at "old Bennett" is most gratifying.

SULPHIDE OF CALCIUM IN PHTHISIS.—Dr. Witherle (*La Clinique*) claims to have obtained good results in the treatment of phthisical patients by the internal administration of sulphide of calcium. He commences by giving a pill containing $\frac{1}{4}$ grain of the sulphide every two hours, and he gradually lessens the intervals between the doses until eructations or other symptoms of gastric irritation show that the limit has been reached. In most cases patients were able to take two pills every hour, and their general condition in every instance appeared to improve. This is, in reality, an indirect method of introducing sulphuretted

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hydrogen into the blood, and the principle is the same as that underlying Bergeon's treatment.—*London Med. Recorder.*

THE BREAD-PILL CURE OF HYSTERIA.—MM. Landouzy and Ballet, in the *Revue Mensuelle de Médecine*, give the history of an hysterical patient to which it is well to give an extended publicity, not because it presents any novel feature, but as a proof of the scientific errors of those ill-trained minds which attribute the cure of hysteria to supernatural influences. An hysterical patient, twenty-five years of age, who had previously suffered from chorea, was received in the wards of the Charité. There was very marked contraction of the lower limbs, and the patient was unable to execute the slightest movement, not being even able to raise herself in bed. After one or two hypodermic injections of morphia, at her express desire she was told that she should have a more energetic remedy, and must use it cautiously. . On October 7 bread-pills were prescribed, and the next morning she related that, wishing to poison herself, she had swallowed the pill; this was accorded, and resulted in her complete recovery. Two days later on she helped to clean the wards. In a month's time she left the hospital.—*Brit. Med. Jour.*

ASTHMA AND THE UTERINE SYSTEM.—Dr. Peyer has recently written in he *Berliner Klinic*, part 9, 1889, on an affection which he terms sexual asthma. He maintained that asthma was always neurotic, and that in different subjects asthmatic convulsions were brought on by the influence of different physical functions. In two young married women coitus caused violent attacks of asthmatic sneezing. In another case the patient suffered from uterine fibroid, with severe asthma, which disappeared after the removal of the tumor. A patient was subject to violent asthmatic fits; on her becoming pregnant for the first time, the asthma was completely cured. In a similar case of asthma the patient suffered from chronic metritis. When the uterine affection was cured, the asthmatic complication disappeared. In all Dr. Peyer's cases the patients were more or less hysterical, and in two there was a distinct family history of neuroses. The physician must be careful now to distinguish between the possible coincidence of true asthma and disease of the sexual functions, and the alleged form where the former is an effect of the latter. In the case of coincidence it is perfectly easy to understand that any aggravation of uterine or ovarian disease and any irritation of the sexual functions might aggravate the asthma. The other condition is less easy to understand, and very hard to prove in a scientific manner.—*British Med. Journal.*

WEATHER FOR APRIL.—The well-known meteorologist A. J. De Voe has published an Almanac for 1890, the leading feature of which is the prognostication of the weather. It seems to have been very generally correct so far, although the extreme warmth was not predicted. The outlook for April is given as follows:

"This month will begin with mild weather throughout the country. The rain-fall will be light. From the 5th to the 10th will be the warmest part of the month. Thunder-showers will take place on the 10th and 11th.

"A sudden fall of temperature will follow on the 12th over New England and the Middle States, and the week ensuing will be the coldest part of the month.

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"On the 19th it will again become very warm, and for four days there wil be warm weather with showers, like July. Lima-beans should now be planted.

"The last week of April will be warm and dry. We regret an appeal cannot be made to farmers to plant and sow this, month wherever possible. Less promising weather is likely to follow."

Our readers who take an interest in such weather can choose for themselves whether the Hackensack predictor is right.

THE PROPOSED MEDICAL TRUST.—Dr. Samuel J. Parker of Ithaca, N. Y., an eminent homœopathic physician, has published a strong letter in the *Journal* of that city, which demands consideration. It is hard to refute, either logically or on the lower platform of experience:

To the Editor of the Journal.—Sir: The bill 204 of the Senate of the New York Legislature on a medical diploma board is one that I am requested to write an article upon by the homœopathic committee who are opposed to any exclusive dominant medical trust in the State of New York. And I am not unwilling to do so.

1st. We have "trusts" enough, and of future organizations threatening the very life of the republic are these monopolies. To pass any such bill, that gives to any one set of men the power to control medical diplomas, is a power that has never been intrusted to any medical board; and this wisely as, I believe. However plausible it may sound to cry "higher medical education," "qualified medical graduates," and such like fashionable phrases, the homœopathists claim that the old-school advocates of this bill will never grant equal privileges under it to the new school of education, excellent practitioners. And this claim I believe is justly made, that they be allowed their own rules of graduation and practice. It is too late a day to deny that there is at least an equal number of the best citizens of the State who will under no circumstances have what they call "allopathic" practice.

I was not educated as a homœopathist. But this I say, that I availed myself of the best "allopathic" schools for three years of lectures, besides parts of other years of lectures. And of all bigoted exclusives was I, when through these "allopathic" lectures. I thought medical science was exhausted and perfected in myself. But after ten years' practice in the intolerant school I was induced as an experiment to learn a little of the truthful therapeutics of the other school; and I boldly say of all possible ignorance of medical materials, and of the powers of medical articles over the human constitution, was my intolerant self-wise "allopathic" education. I now know (not believe) the true powers of medicine are largely in the homœopathic school and practice; that this practice is founded on correct educated skill; and while it does not include all that is known of medicine, the world cannot stultify itself so much as to ignore the benefits of the new schools of medicine. And I do not believe the Legislature of the great and intelligent State of New York can or will be so unwise as to establish a trust in medicine, in this day of monomania in trusts. The sooner all sorts of trusts are extinguished the better. I believe in no exclusive *trust* in education, in sugar, in glass, in iron, coffee, opium, or in anything else. And well may this new bill, so specious in form, be discarded, because it is against the wishes and best interests of so large a number of the citizens of New York.

SAMUEL J. PARKER, M.D.

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The Medical Tribune.

ROBERT A. GUNN, M.D., EDITOR.

VOL. VI. MAY 15, 1890. No. 3.

ECLECTICISM IN MEDICINE; ITS ESSENTIALS AND ETHICS.*

WHAT IS ECLECTICISM? The usual answer to this question is: "Choosing the Best." This easy reply, though full or meaning, is but the general definition of a chosen name, and it sheds but little light upon distinctive Eclecticism; for all schools reply: "then so are we Eclectic, for we choose the best." So the answer goes for nothing, and the pertinent question arises, then why a New School? If this is all of Eclecticism we had better go back to the Old School and the old ways, and float along in the professional current of good fellowship, for *there is no reform without a principle,* and no virtue in factious opposition to popular views unless we have better views to substitute.

If our choosing is based upon no distinctive principle we are no better than other choosers of equal intelligence and experience. But we have a *rule* for choosing, deduced from a radical and distinctive principle, which makes our practice a system by itself, redeeming it from mere empiricism and making it rational and logical. Disease we hold to be impaired vitality and consequent derangement of function. We deduce the *rule* that in disease the body does not require depression or depletion, but rather enforcement or reënforcement, and this of such nature and quantity as will be sufficient to permit nature herself to carry forward the work of recovery. Added to this is a disposition to investigate, prove and select that which best serves our purposes.

The American Medical Association was organized in May, 1847. The National Eclectic Medical Association was organized just one year after it—in May, 1848. It will therefore be noticed that it

* An address delivered by the late Lemon T. Beam, M. D., of Johnstown, Pa., a short time before his death.

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required only one year of organized social and professional ostracism with a concerted effort to establish an Allopathic censorship ove medical reformers, as the New School of physicians were then called to make it necessary for the assailed to organize and accept a distinc tive name—ECLECTIC.

The purpose of the organization of the American Medical As sociation is tersely stated by Dr. Henry G. Piffard, of New York, to be that of combination to crush their rivals. Most of the ad herents and advocates of the new doctrines he remarks, "were mem bers in good standing of the county societies, and *their brethren wer unable to invoke the aid of the law to compel them to practise in ac cordance with the views and wishes of the majority;*" accordingly "that the most effective blow would be given to the new-born heres if the profession, as a whole, *combined against* it; and as the evil of sectarian medicine were most keenly felt in New York and Penn sylvania, these States were among the foremost to consider how the might be averted. *The result of this consideration was the birth o the American Medical Association.*"

To make more effective the weapon, professional ostracism, whicl by the act of organization they had brought into play, this associa tion deemed it necessary, that they should educate the people t believe that none but adherents to their Association were *regula* physicians; and to this end, it seemed necessary that they shoul denounce all who refused to affiliate with them, as *irregular*. T them it seemed necessary that the *irregulars*, regardless of age, ex perience, qualification, or social position, should be absolutely ex communicated from professional recognition and intercourse, an that the public at large should know it. In the CODE OF ETHIC adopted by the Association, and especially in the "consultation" clause, this sentiment crystallized. It was hoped that the public knowing that consultations were forbidden, would be afraid to emplo an irregular who might be scores of miles distant from a colleagu with whom he might consult. The clamor that they raised agains the heretics resulted in a most bitter feud, in which the laity, as i usually the case, took an active interest. The public, quick t discern, regarded the action of the majority as a species of oppres sion, and many of the laity became partisans of the weaker party During this warfare the number of those who were ostracised in

* New York *Medical Journal*, April 14, 1883, page 403.

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creased and their adherents and supporters multiplied. During these years, despite the opposition of the existing medical corporations, those who would not affiliate with them, and those who were excluded by the "code" from joining, increased in numbers and in influence. They applied to the State for authority to form corporations of their own. This they secured, with powers coëxtensive and identical with those possessed by the older societies.

From this brief *resume* of the medico-political situation it will be seen that, after a sharp fight with medical hunkerism, the progressives had obtained an equal footing before the law. From that day to this they have conspired and intrigued to set us back where we were before. This is precisely what modern medical legislation means.

The National Eclectic Medical Association was organized at Cincinnati in 1848 under the auspices of Professor Thomas V. Morrow and his associates. At its third annual meeting in Rochester, New York, it adopted an address,* setting forth what was meant by Eclecticism in Medicine.

Many things have occurred since those declarations were made, but there has been no essential change in the doctrines.

Eclecticism in its application to medicine, and based on the principle: "prove all things; hold fast that which is good" demands not less than any other school, thorough preparation in all the various branches of medical and surgical science and, equally, the elements of character.

I believe it takes all men to know all the truth, and even then they have not learned it all. So long as I hold this for fact I can see no reason why I should refuse to accept any measure of truth, from whatever source. I know fully what exclusivism means in matters medical. I know what it is to be prescribed even by *men who do not know what my medical belief is,* nor upon what I found it. I do not deny their right to be so exclusive, if that is their choice. But I am very glad that I do not see things as they do. I am very glad to be able to see good things in their theories, if I cannot accept them wholly; and in *them,* though I cannot come into their fellowship. Inasmuch as there is no patent upon thoughts and ideas, I am glad to adopt them, come from what source they may, and get

* This address is found in full in The Transactions of The National Eclectic Medical Association, vol. V, page 339.

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all possible good from them. More: I will readily and gladl acknowledge whatever I do get from these men, whether they do th same or not. They may refuse to adopt any idea of mine. If th ideas are good, it is their loss, not mine. Now, this I understand t be the Code of Eclecticism, as respects its difference ethically fro "Regularism" in medicine. And, in practice, I know it to be th exact position of the Eclectics in medicine.

Eclectics have developed and given to the world a new and ex tensive therapeutics; have, in the past, been the means of educatin the minds of the people against the abuse of certain agents—mercury venesection, etc.,—until even their adversaries have generally bee forced to abandon them.

Eclecticism has demonstrated that we cannot help nature b hindering her; that we cannot heal her wounds by inflicting addi tional ones; we cannot advance her struggles against hostile force by throwing obstacles in her way. This is a basic principle, and i is the disregard of this principle that has made medicine a destruc tive art and filled countless graves prematurely. To make medicin a *healing art* is the mission of Eclecticism.

In addition to our superior therapeutics, there is, however, a important difference between the Old School and ours—one that i becoming more prominent as time passes, and one of which we ma justly feel proud. The Eclectic Code of Ethics is as broad and kin as philanthropy itself; and, being indigenous to American soil, i recognizes no monarchs and no serfs in the realm of intellect. Desir ing the common good of humanity as its highest aim, it builds n barriers through which afflicted mankind may not profit by the com bined resources of all the medical world. Seeing, in courtesy an manly forbearance, virtues higher than the mere aggrandisement o sect, it reaches out the right hand of fellowship to all educated medi cal men the world over.

The Regular School, as its members term it, endeavors to create a "Medical Trust," which shall assure to its members exclusive powers, privileges and emoluments, and thus debar all competitors. It has become a Trade-Union inside the profession. "Articles o Confederation" have been subscribed by the Medical Colleges for the express purpose of creating a Caste as exclusive as the Brahmans o India, and in defiance of the principles of Republican government. In this irrepressible conflict for liberty against privilege and despo tism, we are not warring against individuals, but against a corporate

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monopoly in our profession. In all enterprises and questions of human improvement there are two parties, or at least two opposite tendencies upon which parties may be based. "It still moves," say those great leaders of the human race to-day, and who press on with intense devotion to principle, regardless of the trials and difficulties to which they are subjected by their antagonists. The opposition tendencies are commonly known as Conservative and Progressive. But, some may say, that, as relates at least to the medical profession, such antagonisms do not exist at the present day. If such be the opinion of any person present, let me disabuse him of it.

Manifestly the same exclusive spirit that gave birth in 1847 to the American Medical Association, exists to-day. The same conservative and despotic spirit that disgusted early Reformers, and caused them to strike out in new paths, is to-day disgusting the best men in the dominant school of medicine. There has been revolt already in New York, and two rival medical societies now exist, one fraternising and one independent. It is not, however, our conflict, but a war in another camp, between the abler men of the profession, and the innumerable army of mediocrities over the country. It is a contest among themselves, and as such must be fought by themselves. At the same time we note with satisfaction that the movement is gaining ground. We honor those who are honest in their efforts—those who earnestly yearn to be free.

As Eclectics we demand only equal rights before the law. *We have never asked, as our apponents do, to be bolstered up by statute.* But if we desire, professionally, a triumph of liberty of conscience over tyranny, prejudice, misrepresentation and intolerance, we must boldly act and live above the low level of the fear of our fellow-men. Eclectics must not be confused, intimidated or diverted, "even though the torch of persecution be brandished in their faces by those who assume to be the moral lights of the world and the appointed guardians of its best interests."

Attempts are being made by the *hired agents* of the Old School State Medical Societies to usurp the rights that are common to all citizens. It is our duty to labor to defeat all such efforts. By such they propose to strangle—to proscribe—the vital principle of Eclecticism; the right of choice.

We boldly affirm, and without fear of successful contradiction, that Regular Medicine, as organized under its Code of Ethics, is not only a selfish organization but a *conspiracy against the public health.*

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A school of medicine that asks or seeks, by statute or ordinance, fo exclusive privileges, stands before the world as an organization *seek ing only selfish ends,* and before the law a self-confessed conspiracy against the public health. All ACTS in the interest of a clique ar opposed to human rights, and are contrary not only to the dictate of a broad and true humanity, but to the interests of medical science

They assume that they alone constitute the Medical Profession Is it not as preposterous as for the tailors in Tooley-street to be th entire realm of England?

Having a safe, impregnable basis, and one on which legislator and the public are willing to aid us, we should struggle to maintai our position against all who would disfranchise us. An Eclectic whom the State has enfranchised, a State Society cannot disfranchise

This Code of Ethics has been pronounced by one of our abl jurists, Hon. David R. Jaques, Professor of Municipal Law i Columbia College, in New York, "*a conspiracy against the publi health.*" These are his words:

"What is the Code of Ethics? What is the power of the Stat Society to enact one, or to legislate on any subject? . . . Th rules of the Code of Ethics are *by-laws.* . . . The Act of 181 and the Act of 1866 are explicit in requiring that the by-laws, rule and regulations of the State Society shall not be "inconsistent" wit the *laws of the State.* . . . It is not consistent with the *lette* of the statutes which prescribe the qualifications of the practitioners . . . But there is another consideration equally serious. Th rule in question is the action of an organized body of men. It is th act of combination. The men thus combining . . . conside themselves the *only* fully-qualified practitioners of the State. B adopting this rule, they *combine* to deprive the community of the bes advice to be had in case of sickness. Such a combination is agains common law, and the provisions of the statute as well (*Penal Code* Section 168). IT IS A CONSPIRACY AGAINST THE PUBLIC HEALTH."

Let no one imagine that we desire the revision of this much mentioned code from selfish motives. It is impotent for harm to us The warfare waged upon Eclectics for the last thirty years has bu stimulated them to earnest effort for individual standing before th public, and the result is, that in the face of misrepresentation calumny and persecution, they have thriven beyond all expectation The Eclectic School of Medicine knocks at no one's door for an un welcome admission. It stands on its own threshold with a welcomin

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hand. It seeks but one end—success in practice by honorable and just compensation. Success in practice it has, and the contest will go on until it shall compel honorable and just recognition from its competitors. Were it not for the insult offered to good sense and decency by its existence, we would be opposed to a revision of the code. We Eclectics have no code forbidding us to exercise the right to be men and gentlemen.

The principal barrier to the attainment of this desired end is the American Medical Association. The OLD CODE is its child, and "with all its faults it loves it still." The sentiment of the public press has everywhere been that of utter condemnation. The New York *Times* gave the following utterance: "A physician whose standing is not challenged in any other respect is declared unworthy of professional association because he reserves the right to attend a patient in consultation with an 'irregular' physician of the patient's own choosing, whenever, in his judgment, any emergency requires him to do so. And this reservation is regarded as the violation of a code of 'ethics.' The doctors who take this view would appear to be cruel bigots if they did not present so much more prominently the aspect of simple geese. This is not the spirit of a learned profession; it is the spirit of an ignorant trades-union, bent upon punishing 'rats.' The men who made it and who adhere to it must believe not so much that it is the business of physicians to heal the sick as that it is the business of the sick to furnish constant and remunerative employment to a *carefully-limited* number of 'regular' physicians." When leading newspapers by the dozen declare in their editorial columns that such principles are a disgrace to the medical profession, it appears as though public sentiment was at length awakening to a just appreciation of the absurdity of the claims of this pharisaical case-hunting and case-compelling body. It is to be feared, however, that any extension of liberty in these respects, in the future as in the past, will probably be conditioned upon long-continued, desperate efforts. "We do not hesitate to say," says the *Medical Record*, "that the profession of America, by reason of the policy thus adopted, stands lower to-day in public esteem than it did before. We have been among those who in the past have criticised the American Medical Association. We have done so because a candid judgment upon its work left no other choice. *It has been a shifting, purposeless, ill-organized monster, with a floating membership of* (speaking biologically) *undifferentiated*

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medical protoplasm." Professor Virchow, of Berlin, not many years ago, made a criticism about as sweeping as this.

We agree heartily with the brave utterance of the California *Medical Journal:* "God pity the man who, born under American skies and breathing the invigorating air of freedom all his early days, can so belittle himself as to become a slave to a narrow tyrannical code and crawl through life a subject to its strictures. Then what can we say of one who refuses to join in a movement that would place him in harmony with the spirit of the age and country in which he lives? Such an one ought to have been born a Russian serf, for his cringing spirit would be well adapted to such a position. We can pity this class of men, but, however high their positions, however great their names or wealth, we seek no companionship with them, and crave no favors at their hands, for we feel that they are beneath the level of the ordinary American."

What are Eclectics to think of such men? How we shall defeat our own interest, and how cheaply sell our honors, if we do not make good our POSITION and watch our adversaries. The great trouble—the great barrier to the progress and development of medical knowledge—has been a blind adherence to antiquated dogmas and assumed authority—a disposition to receive unchallenged as fixed rules and principles the *dicta* and opinions of a prominent few. In this way old errors have been perpetuated, new truths rejected, and the broad field of medical knowledge remained, in a great measure, an uncultivated waste.

What constitutes right—duty—ethics? Why ought I to act in this way or that, and not otherwise? The Rev. Dr. F. H. Hedge has answered the question all that an honest man requires: "*It is always right and therefore, my duty, to act in such a way as to benefit my fellow-men.*"

We should be inspired with the sublime maxim of the foremost champion of ideal Ethics—KANT—"Duty the measure of ability, not ability the measure of duty."

The National Eclectic Medical Association, in substance, formulated the following Code of Ethics: "The members of this Association, and of all Associations in affiliation therewith, shall exercise toward each other, toward all physicians, and toward all mankind, that courtesy and just dealing to which every one in his legitimate sphere is entitled, and any departure therefrom shall be deemed un-

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professional, undignified, and unworthy the honorable practitioner of an honorable profession."

As Eclectics, as an organization under this Code, we are obligated to oppose the wrong and to uphold the right. Some of our number are but beginners, yet may we not hope that:

> "When duty whispers low, 'Thou must,
> The youth replies, "I can.'"

Now, what a contrast when we compare our Ethics with that governing the Regulars in their conduct toward physicians, which is in substance, as follows:* "Do not refuse to consult with foreign physicians, with doctresses, or colored doctors, provided (!) they are regular practitioners, or even with undergraduates if they are advancing in the regular line towards their degree.† * * * But every principle of *right* and HONOR will prevent you from ever entertaining a thought of fraternal association or consultation with Eclectics, Homœopathists, Hydropathists, or other exclusives under the specious plea of duty to humanity." Again, on page 65: Give the right hand of fellowship to every Regular, no matter what his misfortunes or how great his deficiencies; on the other hand, refuse it to all irregulars, no matter how great their acquirements, their reputation, or their pomp."

Do you require more evidence to convince you that the Old-School profession has been trammelled by the influence of authority, and by the disposition to impose upon the younger members of the profession certain *arbitrary* ethical rules and doctrines which their seniors have sanctioned and framed into a CODE? Then read from this same work again, on page 41; "It is your duty to familiarize yourself with the Code of Ethics at the very threshhold of your professional career, and never to violate either its letter or spirit, but always scrupulously to observe both towards all *regular* graduates practicing as *regular* physicians. But remember that you are

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* D. W. CATHELL, M. D., "*Physician Himself.*" p. 135.

† All the Medical Colleges in the College Trade-Union have confederated and agreed that those proposing to enter them, after having already graduated from Eclectic, Homœopathic, and other reputable institutions, *shall be admitted and treated exactly like persons that never had any medical instruction at all.* Conceit and overbearing arrogance happily can go no further. If torture-chambers and scaffolds were practicable, these men would not be long in consigning us to them. Yet, with such a spirit, they are "Regular."

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neither required nor allowed to extend its favoring provisions to any one practicing *contrary* to the cherished truths that guide the regular profession, no matter who or what he may be." If this is not reducing a noble profession, with a comprehensive science, to the character of a *sect* with a certain cherished and well-defined *exclusive dogma,* then what class of men can justly be denominated medical sectarians or adherents of an exclusive system? Yet, the adherents of this EXCLUSIVE DOGMA deny that it is *sectarian,* and claim the right to enforce its acceptance by an attempt to punish, by professional and even social ostracism, all who dissent.

If a man is a so-called *regular,* though he be an ignoramus, everything is all right; but if, when measured by the Code he be pronounced *irregular,* he is denounced, and, no matter how well-educated he may be, he will be ostracised. This feeling and conduct constitutes the despotism of medicine, and it was this spirit of intolerance that gave rise to Eclecticism in medicine. If we would successfully counteract all such pretentious claims and neutralize the efforts of our opponents to decry or dishonor us, we must in the future, as a class of physicians, be more careful of our interests. We must give more of our attention to the politics of the profession.

Nominally, this country is a Republic, having in it no privileged class with special prerogatives guaranteed. But there exists a Medical Hierarchy, as it were, which arrogates, usurps, and holds special benefits and privileges in contravention of the avowed principles of our Government. Yes, without the knowledge or consent of the masses, there exists an abuse in the administration of the General Government, and also in the local governments of our States and municipalities against which all the friends of free institutions and of the equality of citizens in their public rights, ought to protest and combine.

Let the whole matter be fairly exposed to THE PEOPLE, and all will be well. Let them be made acquainted with the fact of the discrimination, and they will not go back on you; but your enemies will be rebuked. Then let our representatives know that the people take another view of the matter and will no more tolerate a priest-caste of physicians than they will a State or National Church. If Eclectics owe allegiance, as citizens, to the government of this country, they have rights equivalent, and should demand that when a physician desires to compete for a surgeonship, or other medical appointment, *he shall not be rejected or refused an examination because*

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he is an Eclectic. Such a discrimination is infamous. SEE TO IT, that, in the future, there be no Examining Boards procured, that will be likely to discriminate against us.*

We invite no controversy, nor de we seek to placate those who mean to be our adversaries. Our sentiments are kindly; while we are strenuous in asserting our views and purposes, we aim to "prove all things and hold fast that which is good," "follow peace with all," and "deal justly." We aim to establish more humane and scientific methods of treating the sick, to discard noxious and dangerous drugs, and provide safer remedies in their place. This is the head and front of whatever "irregularity and lack of scientific qualifications" have been imputed to us.

HEALTH THE SUPREME LAW.

IT often seems to be a general tendency to regard persons and objects on the darker side. Fault-finding is as prevalent as it is morbid. If a kind action is rendered, the spectator or perhaps the recipient is on the quest to imagine an unworthy motive. The leading professions find in the physical and moral defects of men their own reason for existing, and so exaggerate accordingly. The lawyer is prone to think of everybody as marked by some ulterior vicious impulse, as the policeman regards every unoffending individual as an undetected culprit. The religious person abounds with mournful plaints about the depravity of mankind. The tiller of the soil forebodes bad seasons, short crops, and poor markets. Others, among whom perhaps I ought to include myself, are apprehensive of ill to the country and free institutions, the waning of public morality and regard for personal liberty, and often ponder over the question

* Suppose, in defiance of the Federal Constitution, as such legislation is, we were to have a statute to prevent sectarianism in religion. Let there be State Boards of Examiners, and local boards wherever convenient. Let these boards be made up of six or seven Roman Catholics, two Episcopalians, and one or two from other religious denominations. Then forbid everybody from preaching or holding religious meetings except such as have a license from the Board of Examiners.

How long would we tolerate it? Yet the argument for such a Board is precisely what it is for the Medical Examiners, and means civil and personal rights just as little.

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whether there will be a reaction in behalf of freedom and civil rights, or a steady sinking into abject servility and degradation. The persons who labor perceive themselves coming more absolutely into the power of the wealthy, and losing their social prestige; while the members of the professions are seeking, by arbitrary regulations and statutory enactments, to exclude from admission to their ranks all except the sons of the wealthy. All are conscious of a disease in the body politic and are endeavoring to exempt themselves from its invasion, almost forgetting that oppression and destruction of one portion of our population will eat like a cancer to the sure perdition of all. We dread a meeting of Congress or Legislature as a new calamity threatening us, and a conference of railway magnates is considered as little better than a new conspiracy against property and private industry.

It is a stereotyped declaration that the world is becoming more and more wicked. There is a canker, we are told, in everything. Medical men take up the sad refrain and declare that the human body is itself a magazine of disease, and a receptacle of all manner of pestilence. Their talk is often distempered, their literature replete with loathesome and direful imagination. As the theologian constantly reminds us of inherent natural corruption, so the physician seeks to impress upon his auditors the tale of natural proneness to all manner of physical ailments, which only such as he is, are able to benefit.

The means are often as incongruous as the logic. It was charged upon Paracelsus by his defamers that he had asserted it to be right, if God did not show how disease might be treated, to consult the devil. This declaration, though calumnious as imputed to that distinguished teacher, is now in a fair way to become the Gospel of Modern Medicine. In the despair of finding adequate remedies in the world of nature and by means of temperance and personal cleanliness, the resort to inoculation with various distempers is becoming a favorite medical absurdity. Already we have a gang of journeymen doctors infesting every large city to poison school children with blood-disease on the protext that by producing and maintaining a permanent morbid condition of the blood, certain other disorders can be kept away. There is no certainty, nor even probability, that this cacoëthes will stop at this. Sheep and chickens are inoculated in France. It is already proposed to inoculate children for diphtheria. This would be about as moral as the trick of the English rat-catcher

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who occasionally deposits a nest of young rats in a farmer's granary. Common sense and proper observation show that to contaminate healthy persons is not sanitation or a justifiable practice. We denounce the nurse or midwife who carelessly diffuses puerperal fever, and then legalize and compel an analogous practice.

The discovery of numerous species of bacilli is used as a reason. Effects are set forth learnedly as causes. Each of the zymotic and exanthematous diseases has been assigned its distinctive bacillus. Intermittent fever has got one; and the latest discovery gives one to pulmonary consumption. The theory once stated and the public indoctrinated with the notion, that one or two of these invisible creatures introduced into the blood will assure a milder type of the specific disease, we may expect to witness Boards of Health in all our States and large towns, employing troops of inoculators to protect everybody from disease by infecting them with it. Satan and Beelzebub are vigorously casting out devils. It will be no idle imagination that a President and Cabinet Ministers, as well as local board, will have a watch set at the port of New York, so that when a shipload of emigrants arrives, each healthy individual may be promptly inoculated with ship-fever, cholera or consumption. The medical delusion is setting in that direction, and they have already baptized it as science. Disease-mongering has already become an established department of orthodox practice, and there will be no limit to it till an intelligent community shall refuse to submit to the infliction.

If, however, the world is to become a better place to live in, or even tolerable for the purpose, a more intelligent and truthful view of life and its conditions must be taken. It is only the lower side of the cloud that is black and dark. The sun illuminates the upper region. The Healing Art, the real divine science of Medicine, which it ennobles man to know and practise, is the higher and not the lower conception. It takes its standing point above rather than below the clouds.

I have no veneration for the pretensions of shallow and arrogant men to being the exclusively scientific. The freemasonry by which it is endeavored to establish a cordon about the medical profession, the exclusiveness which many inculcate and for which they endeavor to procure statutory enactments, the annual protests which go forth like mournful howls against graduating so many medical students, the secret codes and cabals, the prohibitions to advertise or hold

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common business relations with the public, are so many manifestations of a conspiracy to place over the community a Brahman caste of physicians with sacerdotal pretensions of divine right, and to cramp down the people into the degraded rank ot Sudras and pariahs with few civil or personal rights. I have every respect for learning, and almost idolatrize it, but none whatever for these endeavors to encroach upon rights, or for the men who make them. Medical ignorance assuming to be superior erudition, evokes no more reverence than the clodhopper's *patois*. I have little esteem for classifying nomenclatures, but regard them very much as coffins in which learned pretences are embalmed, that an intelligent people ought to bury. The croaking of the frog entitled him as rightfully to an appointment as surgeon-general of the animal kingdom as the mouthing of Greek names for disease, and Latin ones for the organs of the body fits a physician to treat sick persons. Fuss and feathers all.

Life itself is essentially a condition of health. Every function is a form of energy operating to a specific end. Every organ, every department and portion of our corporeal system is constitutionally impressed and thoroughly permeated with a potency and aim to do its utmost for self-preservation. Each has its own depository of power and uses it for its own growth, expansion, and active manifestation by the proper discharge of its specific functions. The stomach, for example, with the solar nerves which inform it, has its own source of power, its building and recuperative apparatus, and is really an intelligent organ in its way, understanding its wants and able to make them known; in short, it does its own work with promptitude, ease, and efficiency. What is true of the stomach in respect to individuality and vital characteristics is true likewise of every other organ and group of organs in the body. They all have their own way of doing their proper work, do it well when they are in good order, and fail only in proportion to their lack of sustaining energy. There is no arrangement for disease in their structure, no convenience for its accommodation, no provision which indicates that it has any place in the general plan or economy. It is an accident, something aside from the whole scope and purpose of the organization. It may only be set down as a disturbance, as perversion of function, an agency to twist and distort from legitimate ends in our being.

I am aware that the corollary to this involves the idea that remedial agents generally are such but incidentally, and are by no means so specific that others may not be found better suited and less abnor-

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mal. I cannot believe in medicines except as relative in their benefits, disturbing the order of the physical organism and tolerable only as they possibly abate a great evil. The medical art can hardly be believed or expected to expedite the elaboration of power or to augment its quantity at any given time. Nor can it secure a more efficient and advantageous distribution of the vital properties or forces, than would be made by the physical economy, if left to an undisturbed administration of its own affairs. It may supply certain wants, and provide for certain conditions of an extrinsic character, but it cannot furnish vital resources or even profitably interfere any farther with the internal vital operations.

The polarizing principle in every plant impels the stem to grow upward and the root downward. The organism of the human body operates according to an end as inflexible. When all the departments are in force there is good health, general and local. When there is a deficiency of energy, the health of the part or parts must be impaired to the extent of that deficiency. In a sound state of the body, when all parts are duly charged with vitality, there may be a large diminution of force in one or more departments, without derangement of action. But when the supply of energy is reduced to what is barely sufficient for ordinary use, any further reduction, must be followed by disorder. When any part has just enough energy for ordinary occasions, and it passes under circumstances which require more dynamic force to keep action to the standard of perfect health, then disturbance of functional action must ensue. This accounts for the occurring of disorders of various kinds in communities soon after sudden and great changes in the weather, and when persons have been exposed to severe vicissitudes of cold or heat. The energies of the body ward off all disorder and disturbance while in their integrity, and the evil comes solely from their impairment.

Samuel Thomson observed that the great majority of persons coming to him for treatment attributed the source of their disorders to having taken cold. The practice which bears his name appears to have been based upon that idea. He propounded it as an axiom: "Heat is life, and cold is death." Intelligently understood, that maxim is true. When heat or vital energy are abundant in the body, no pestilence or morbific agency can disturb it. Even wounds and lesions heal promptly, which, in individuals less endowed, would be likely to work perniciously and even mortally.

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I know of no prophylactic; I believe in none, therefore, except whatever promotes or exalts the tone of physical health. The *vis medicatrix naturæ*, the vital energy, corrects disorder, removes morbific and effete elements, and wards off invasion. Any endeavor to tinker with disease-creating agencies to avert a possible malady is the sheerest charlatanism.

There may be predisposition to disease on the part of individuals who are reduced so low in the scale of physicial degeneracy that it will require but little more of debilitating agency to prostrate them. As the various departments of the organism are comparatively isolated from each other in regard to their sources of power, we often have separate organic derangement. One set of organs may maintain normal action while another falters. But the body as a whole has no suicidal tendency. It employs its energies and all its resources to repair every lesion, to replace every worn-out particle, to uphold every wearied organ. It never slacks in this till utter exhaustion has ensued. It bears patiently with abuses, permits excesses to pass unrebuked, makes up for everything till its reserve is no longer sufficient. The medical art is wise, and even divine, while it regards these facts; destructive, when they are overlooked.

The expert physiologist will remind us that when a function or specific part of the organism is subjected to undue exertion, a larger supply of blood flows thither, to enable it to bear the strain, and furnish material to resist future impairment. The palm of the hand and the sole of the foot are thus shielded by a callus, and the limbs which are most employed are enlarged in size and made more tenacious in muscular cohesion. The brain of the student enlarges, becomes more compact, firm of fibre, and rapid in changes. Each special sense becomes quicker. Then again, provision is made by sleep for the general repair of every structure. Then wearied muscles are invigorated, irritated nerves are soothed, worn-out tissues repaired. Silently every torn or destroyed particle is removed and its place supplied by new material fresh from the alimentary processes. Renovation is everywhere carried on; and only with reluctance is anything yielded to destructive metamorphosis.

So perfectly is this done, that external invasion is rendered impossible, except through a breach in the physiological defences. There must be fatigue in some form or other, some impairment of energy, or destructive encroachment is impossible. Peculiar atmospheric and telluric conditions are necessary to enable a pesti

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lence to go forth on its mission of death. If these are changed, as they are certain to be by the recurring of the seasons, the epidemic will assume a new type, or disappear altogether. There must be a *nidus* or *matrix,* else no specific contagion can find a lodgment. All definable disorders require two parents, and one of them, at least, must exist in the body itself, by virtue of its incidental condition. When, therefore, the body is in actual health, not impaired by fasting or excess, inclemency of weather, or exhaustion, external causes of disorder, whatever they are, will be totally innocuous to it.

I do not question or doubt that there are means of recruiting the life-forces. Food, rest, the atmosphere, and doubtless other principles and essences which it is philosophical, though not "scientific" to acknowledge, contribute to this very purpose. The functions which we denominate *mental* are all of them essentially vivific and not destructive. The sea of intelligence about us—certainly so far as it exists in the individuals with whom we associate—is sustinent of life-forces, and ever increases them. The universe is maintained in existence by energy, and we are accordingly subsistent from it. Life is preserved, not destroyed, by it; and for every bacterial tribe that a microscopic imagination can devise or discover, there may safely be reckoned analogous and more powerful principles and essences having vital offices, to renovate, sustain, and perpetuate. Above the clouds that curtain in human vision is a silvery radiance altogether the converse of the gloomy, the dark and melancholic. We perceive this from the qualities and conditions of the mind. When we despond, despair, and mope, our vitality is depressed, and often death would easily supervene. But let joyous news, some exhilarating influence come to us, the cloud is lifted aside; new life animates us, and even the waning energy is restored. Many have come back from the door of death, have shaken off disease itself, have "taken a new lease of life," from being restored to joy, hopefulness, and renewed interest in living. Whether we believe in it, or sneer at it, every one of us is sustained by energy from "the inner man." The vital power which we possess is commensurate, more or less, with the influence of the interior will on the physical organism. Whatever energizes the will, increases the vitality. The power of the body to resist disease is the outcome of the energy of the will. The timorous die; the wilful live long.

Much has been vaguely written about the power of the imagi-

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nation. Most of it relates to the very extremest cases: such as cancer, rheumatism and dropsy disappearing from fear or strong emotion, or medicinal action obtained where a drug was only supposed to be administered. The reference to such things generally betray sciolism in human knowledge. The idea of the drug is virtually the drug itself. Many of the virtues of medicine are planted in it by the belief of the physician or the confidence of the patient. Hence one man finds his remedies beneficial, when they fail with another or exhibit diverse properties; and the pharmacy of one century will not be adequate to the exigency of another. Imagination is not, however, a mere fabricator of fancies, but a creator. It is the former of ideas, which are themselves the causes and sources of things as we witness them. The human imagination is the outflowing energy of the very person's own selfhood. That it should, when active, resist destructive agencies, or perhaps create them, is not a wonder. It is the mind itself which is thus all-potent, and the mind is the senior, the lord, the sustainer of the body. The power incident in the latter to resist disease and destructive agencies is therefore from the will, the mind, the interior principal; and has its source identical with that. This will be plain enough to all who are able and willing to perceive and cognize the actuality of thought, emotion, and will. I could quote numerous authorities in confirmations of these declarations. Pereira has said: "Affections of the mind, by their influence over the corporal functions, favor or oppose the action of morbific causes, and modify the progress of diseases. The methodical application of them constitutes the *psychical method of cure.*

Unzer remarks: "The expectation of the action of a remedy often causes us to experience its operation beforehand." Muller, the physiologist, is equally expressive: "It may be stated as a general fact, that any state of the body, which is conceived to be approaching, and which is expected with confidence and certainty of its occurrence, will be very prone to ensue as the mere result of that idea, . . . if it do not lie beyond the bounds of possibility."

This, often with a sneer, is denominated *faith*, and treated as though it was opposed to science. Yet I see no good reason for this. If faith is the substratum of things hoped for and the *elenchos* or convincing demonstration of things not seen, it is a superior faculty of our being. "By science," says J. J. Murphy, "we understand many things which are apparently contradicted by sight

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uch as, to mention the most obvious instance, the motion of the earth. Both science and faith are opposed to merely sensible perception, as ranscending it; but as science transcends sensible perception, so aith transcends science." I leave it there. Human society cannot xist a day without faith; nor human life itself. It is the cementing lement which holds all in place; and needs no other logic to show hat it is the element of physical as well as moral energy, immanent nd not transient.

We are brought by our argument to these conclusions: That it s incident and inherent in the body when in integrity to resist ncroachment and distemper. That this integrity depends as well, f not primarily, on a wholesome condition of the mind as on phyical soundness. That the will, imagination, faith, moral energy, nay be set down as the ulterior source of this soundness and integity. A wholesome moral condition is therefore vital to the entire hysical structure; and after all due allowance for external circumtances and phenomena, we must consider the health, the life, the ssential being, as being not only the converse of sickness, but its ctual prophylactic. It is the merry heart, the upright purpose, the nergetic will that doeth good like medicine, establishing soundness n the bones. That province of mind which it is fashionable to enominate Unconscious is the source of all things beneficial and ffords us our most efficient means of protection against pestilence nd every species of physical distemper.

ALEXANDER WILDER, M.D.

INTUBATION OF THE LARYNX.*

INTUBATION of the larynx, which was brought to the attention f the medical profession about three years ago, has many points of reat interest, and is worthy of our most serious attention as a therapeutical measure. We are indebted to a very skilled physician of his city, Dr. Joseph O'Dwyer, for its introduction, for the perfecion of the operation, and also for the invention of instruments by which it is now performed. Perhaps it is well just here to glance at he anatomy of the larynx,—at least that portion of it with which our

* Read before the West-Side Medical Society.

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subject is connected,—and also the diseases for which intubation recommended for relief or cure.

The larynx, as we know, is situated between the hyoid bone abo and the trachea below. Posteriorly is the pharynx, and on each si the great vessels and nerves of the neck. It is in shape and stru ture a conical cartilaginous tube. It has ventricles also, and th are little cavities existing between the upper and inferior vocal cor and I believe their use is essential to the proper production of soun but they are terribly in the way of the amateur at intubing, for t point of his tube not infrequently gets into one of them and defe the operation, and if force were at all used might lead to ve unpleasant results. The epiglottis is another little portion to w remember, and from its name we know it is on the top of the glott —the chink of the glottis in the larynx. Now the diseases for whi intubation is advised are membranous croup and laryngeal diphther in which the ulceration has travelled into the larynx. This is not ways the case in true diphtheria ; but when it is, the patient becom a subject for this operation. It is not intended, of course, to intube f these ailments until there is necessity for it, that is, until the o structed breathing stage sets in, and when the diaphragm is call strongly into action by the patient's efforts for more air ; and it just here where the tube gives prompt and positive relief.

Now that we have refreshed our memories on the anatomy of t parts, I beg to show you the instruments devised by their clev inventor (shows and explains instrument). Here is the mouth gag a very important necessity where the patient has teeth, and whi keeps the mouth well open. Now we see the tube with its obturato so shaped, as you observe, to fit the larynx and prevent it from fa ing into the trachea. This is the instrument by which the tube inserted, with a contrivance attached to the handle by means which the tube is pushed off when *in situ*. The extractor of t tube is a clever idea. It is made, as you observe, with rather a sha point to fit into the tube, and is operated from the handle by t thumb, which expands the blades and thus makes a firm purchase the tube. One more little article completes the outfit. It is scale of sizes on a silver plate, which is meant to indicate, accordi to age, what size tube is necessary ; for the tube, if possible, mu have some correspondence with the size of the larynx. (The doct here showed the act of intubing, with the proper position for t patient and operator.) Now as regards removing the tube, D

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Dwyer says it should be done when the voice again becomes husky, at is, when the diseased condition gets below your tube; which, unrtunately, I am afraid it frequently does. I would strongly advise act on the doctor's suggestion, otherwise your tubes will be carried the cemetery.

Among the dangers pointed out as resulting from the use of the bes are ulceration from pressure at the glottis and the liability of iids passing down the tube and into the bronchi and lungs. This st is about the only one that has any weight, as I am informed by r. O'Dwyer that the first scarcely if ever takes place, and he has d a very large experience. Now if a certain amount of fluid drink ould pass through the tube there might be danger of a certain nount of inflammation, though from well-kept records by Dr. Dillon rown at the Foundling Asylum this condition is hardly to be feared ther; and in those cases which I have intubed and watched closely can say I saw no evidence of any lung or bronchial difficulty which ight be attributed to the presence of liquids swallowed. Still it is ell to bear in mind that it can possibly happen; but if the patient fed with semi-solids like ice-cream and condensed milk, there of ourse will be less liability of their trickling into the tube. Now as gards the superiority of intubing over tracheotomy, it certainly as many advantages, for you can always secure the consent of parnts and friends for the bloodless operation. There is no cutting, o terrible instruments to alarm, while the effect is prompt and aparent to all. On the other hand, the friends of tracheotomy claim hat from this operation there are more recoveries. Yet I am afraid his is more frequently said than believed; and I know of a case in y neighborhood where the operation was about to be performed on child for croup,—the diagnosis was membranous croup,—when the mily changed their minds at the last moment, and I was asked to e the case. There was no real evidence of membranous croup, and prescribed muriate of ammonia and expectorants for the little atient, and it recovered perfectly. Now I only mention this case to how you that if that child had been operated on it would in all robability have recovered, for the only thing it would have had to reover from would have been the cruel wound in its throat, and would ave been held up as another recovery from the bloody operation, racheotomy. So, gentlemen, you see how necessary it is to take hat little grain of salt in connection with reported recoveries from ther intubing or tracheotomy. I confess I am always afraid of the

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enthusiasts and partisans in our profession. They are a little mis leading sometimes, but of course always meaning well in their own way. To us, as general practitioners, the question that concerns us most is, which operation gives the best chance of saving life. At the present time I am of the opinion that intubation is the safer and by all means the more justifiable ; and if it was not the nature of the maladies for which either operation is performed to travel and extend into the bronchi, and there to shut off the air and destroy the patient, the recoveries might be counted by thousands. Intubation will always give decided relief, and the patient at once breathes deeper and more free, and even if it is only for a short time it is to be commended ; for when we are choking, and the horrible sense of suffocation is upon us, we cry for air, for breath, for five minutes, for one minute even, if that is to be our last. Then we should not hesitate, but give the desired relief, and also by so doing place the patient in the most favorable way for ultimate recovery.

JOHN P. NOLAN, M.D.

FACTS AND FALLACIES ABOUT SPECTACLES.

WHETHER the mental obliquity of vision that enabled Roger Bacon, over half a dozen centuries ago, to find something favorable in necromancy and witchcraft, or a laudable desire to look further in to a millstone than his contemporary monks and friars were accustomed to do, led him to apply his extraordinary mind to unraveling the twisted problems of optics with a view of enlarging the possibilities of physiological sight, or whether to Ferdinand de Spina we are indebted for the application of supplementary lenses to the eye to aid defective vision, is a matter ot disputed record. To make it more uncertain the Egyptologist comes forth with his exhumed magnifiers dating back to the Ptolemies and before, and Sir David Brewster even exhibited rock-crystal lenses from the ruins of Nineveh, showing that at least some knowledge of the laws of refraction existed back almost to the calamity that brought confusion upon the plains of Shinar. So, after all, the origin of spectacles is involved such hazy obscurity that it is not unfair to count them among the blessings showered upon man through the visit of Prometheus to

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heaven, for though bricks may be made without straw, no method has yet been devised of producing glass without fire.*

That spectacles are a priceless boon goes without the saying; yet few realize how inseparably connected they are with the progress of civilization. The best work of the world has been done with their assistance, whether in literature, science, or art, and of the active, brainy men of to-day, whose working minds mould public thought and lead every advance, the greater number are dependent upon their use. Defective eyesight is not a concomitant of any particular age, but common to the old and the young, consequent upon irregular action of the muscular elements controlling the organ of vision, or changes in its refractive media. Thus follow near-sight, long-sight, over-sight, and unequal sight, respectfully termed *Myopia Presbyopia, Hypermetropia* and *Astigmatism*, the more frequent defects in vision that spectacles are called upon to correct.

From an optical point of view the normal eye is simply a photographic camera of delicate construction. The achromatic combination is represented by the cornea and aqueous humor, having a refractive index of 1.3379, and the crystalline lens, with an index of 1.4546, the iris being placed between them as a diaphram to cut off peripheral rays of light and reduce spherical aberration. The image formed by this compound arrangement is received at the back part of the eye upon the retina, which corresponds to the sensitive plate. The analogy is more complete when the fact is taken into consideration that the bacillary layer of the retina is kept bathed with a chemical fluid termed the visual purple, which is decomposable like the photographer's solution, according to the intensity of the lights and shadows that fall upon it, forming a picture, as it were, to be taken cognizance of by the brain. Thus the last scene presented to the eye and imprinted upon the retina of an animal before death has been developed afterward, fixed, and made apparent by the physiologist.

A pencil of light coming from a distant object travels in parallel rays, impinges upon a lens, and is brought to a focus behind it at a point dependent upon the curvature of its surfaces. If the light emanates from an object near by, the rays composing the pencil diverge

*According to an Italian antiquary, the person to whom Spina was indebted for his information was Salvino, who died in the year 1318, and he quotes from a manuscript in his possession an epitaph which records the circumstances: "Here lies Salvino d'Armati, of Florence, the inventor of spectacles. May God pardon his sins. The year 1318."

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and enter the lense at a greater angle, and are brought to a focus at a point beyond that for parallel rays; and the nearer the emanating point the further is the focal point on the other side of the lens. These two points, from their relation to each other, are called conjugate foci. To focus the image made in the camera for objects at different distances the operator relies upon a rack and pinion for moving the lenses further or nearer the screen upon which the image is to be displayed. In the eye, however, this is done automatically and chiefly by the ciliary muscle changing the curvature of the crystalline lens, and this is called the power of accommodation. Were it not for this power, clear and distinct vision could only be obtained at a certain definite and fixed distance from an object.

Of the four principal visual defects requiring the use of spectacles, the chief is long-sight, or presbyopia, a difficulty wholly arising from an impairment of the power of accommodation. In optical language, the nearest point at which an object can be clearly seen is called the *punctum proximum*, or near point, and the furthest upon which accommodation is exercised the *punctum remotum*, or far point.

Presbyopia has to deal exclusively with the near point, and this in the healthy, well-formed eye is dependent upon the ability of the crystalline lens to be changed in shape so as to control the light from an object near to it, and thus keep the conjugate foci within reasonable bounds. At the age of three or four years this is ordinarily so easily done that fine objects can be distinctly made out within a couple of inches of the eye, or even less. As we grow along in years however, the crystalline lens, at first soft and compressible, becomes harder and more unyielding, and the near point gradually recedes until it is discovered that fine print can no longer be read comfortably at ten or twelve inches from the eye, a better light is sought, often by the interposition of a lamp between the eyes and the paper. The patient scowls and squints from eye strain, throws up his chin, and wonders "What in the world is the matter with my eyes?" Presbyopia thus first becomes manifest. When the near point reaches ten inches it is said to begin. This is an arbitrary distance, to be sure, but one agreed upon by oculists as most convenient in carrying out calculations necessary to proper measurement of visual errors. It is not unusual for persons, upon first discovering the establishment of presbyopia, to become greatly alarmed and fear impending blindness but it is a causeless anxiety. Presbyopia is not a disease, but really a physiological condition naturally following the structural changes

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that constantly go on in the eye as in other parts of the body, concurrent with the march of time. We are all its subjects to a greater or less extent—there is no escape from it.

In its practical effect long-sight is not always of a fixed and determinate degree, but varies greatly under different circumstances. Diminished illumination seems to increase it, so it is more apparent in the evening, "under the gaslight," or the dim flickerings of a lamp. Various nervous conditions and great mental disturbances, by reflex action, exercise marked influence upon it, but indigestion, perhaps more than all other temporary causes, has the power of changing it from day to day, which is not to be wondered at when the intimate connection between the eye and the digestive tract is traced out by way of the sympathetic nerve and lenticular ganglion, whereby nervous impulses, excited by teasing the terminal filaments of the gastric plexus, are transmitted directly to the muscles of accommodation through the ciliary nerves. A victim of dyspepsia never knows the exact condition of his eyes, and more especially is this true of him who struggles under chronic headache dependent upon acid fermentation of the stomach, for sick headache so decreases the power of accommodation that oft-times glasses which in ordinary health give good vision are found to be inadequate to meet the changed requirements.

An interesting point to be noticed in the progress of presbyopia is the satisfaction which larger rooms give for living as the years accumulate, owing to the fact that by reason of the recession of the near point, spacious apartments give the eyes greater rest when not in use. Young people dote upon cottages and cozy little rooms, but the elderly unconsciously turn away from walls whose nearness brings discomfort and fatigue, they know not why.

Myopia and hypermetropia are matters of graver import, both being manifestations of disease in which the eyeball is out of shape. In the one case it is too deep and the other too shallow for the optical power of the organ, so that suitable adjustment for focus cannot be made. Myopia has to do with the distant point, the *punctum re motum*, which is drawn towards the eye so that the depth or thickness, so to speak, of the field of vision is shortened, allowing correct vision to exist only in a limited segment of a zone in front of the eye of which it is of course the centre. Beyond, everything is misty and confused. The distant point in near sight forms the anterior limb of the conjugate foci, which is brought nearer the lens so that the

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posterior may reach the retina. The unnatural lengthening of the ball causes the optical image to fall short of the retina when formed from parallel rays, or of objects at ordinary visual distance. To extend the focus to the proper position the rays of light must be made to diverge before entering the eye, which is accomplished by the aid of concave glasses.

A myopic eye has a staring, protuberant look, quite in contrast with the "retiring disposition" of the hypermetropic, of which it is the antithesis. The pupil is commonly dilated, and a divergent squint is apt to follow the muscular strain involved in excessive convergence, while the myope himself becomes stoop-shouldered and moves along with a cautious tread as if uncertain of his ground; and why not?—when all the world is foggy and obscure to him beyond the little range of a few inches before him which his impaired vision can cover—his limited horopter. As myopia depends upon the nearing of the far point, and presbyopia upon the furthering of the near point, it holds that a person can be short-sighted and long-sighted at the same time, and this is not infrequently the case. In fact presbyopia, being a natural physiological result, is a permanent factor in every anomaly of refraction and must be prepared for in making a correction.

In hypermetropia, or oversight, the eyeball is shortened so much that the retina is brought too near the crystalline lens to receive the image formed at its focus. Oversight is in effect an exaggerated long sight, though pathologically it is the reverse of near sight. The near point passes off into infinity. As no power can bring the deformed globe back to its normal shape, and the exercise of accommodation cannot be carried far enough to sufficiently shorten the focus, at no place can distinct vision take place.

Astigmatism is the result of unequal refraction generally arising from alterations in the outlines of the cornea, though sometimes dependent upon changes of the structure of the lens itself. An image out of shape is thus formed on the retina illy representing the object in view. When confined to the vertical meridian, or horizontal plane of the eye, the distortion is not greatly unlike the grotesque reflections of the cylindrical mirrors at the museums, whereby a "lean and hungry Cassius" is transformed into the jolly rotundity of an alderman, and the fat man becomes excessively attenuated. Astigmatism may be regular or irregular, simple, compound or mixed,

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dependent upon its cause and complications, and its successful correction marks one of the triumphs of modern ophthalmology.

Now the lesson to be learned from a consideration of this class of eye-troubles is of the greatest practical importance. Difficulties of refraction are inevitable, and will exist as long as the world stands. Some come as a heritage from faulty antecedents; others follow naturally "in the course of human events," while many fall upon humanity as a punishment for violating acknowledged laws of proper living—so plain and reasonable that "he who runs may read." To rectify these anomalies and bring defective eyesight up as nearly as possible to its normal standard is the special province of of optical therapeutics.

Spectacles are made of lenses ground convex, concave, cylindrical, or prismatic, used singly or in combination. The best material for this purpose is crown-glass of the finest quality, perfectly free from striæ and air bubbles, and especial care taken that they be correctly centred. Pebble and crystal glasses are not to be recommended, being less homogeneous in composition, and at the same time more expensive. The only claim ever advanced for their use is their superior hardness, which is of such little consequence that it need not be taken into account, for good crown-glass lenses last as long as they ought to be worn.

The mounting of spectacle lenses is largely a matter of individnal taste. While some prefer gold, the average patient is content with steel frames, and riding bows lightly curled around the ears are very much in fashion—indeed have much to recommend them. Spectacles are generally preferable to nose glasses for constant use, and in fitting should be carefully adapted to the configuration of the nose and face, by attention to height and projection of the bridge, and width of frames, so the optical centres of the lenses accurately correspond with the pupils of the eyes. It is well known to oculists that lenses perfectly correcting a given error in refraction fail in practical result by reason of faulty mounting. A deviation either way—frames too wide or too narrow—shifts the centres from directly in front of the pupils so that vision takes place through their sides, which have the effect of prisms and deflect the rays of light from a direct line between the eyes and the object. This is very hurtful because it throws undue strain upon the rectus muscles of the ball in the effort of nature to direct the two axes of vision upon the object in view, effecting convergence or divergence as demanded,

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to attain that end. In the optical treatment of visual anomalies this should not be overlooked, as it may render futile every effort to give relief.

Spherical convex lenses, which cause the rays of light to converge before entering the eyes, of sufficient strength to hold the near point at ten inches, are given for the correction of both presbyopia and hypermetropia. Those ground convex upon one side and concave on the other, the convexity exceeding the concavity, and known as a periscopic, are the best. In presbyopia they should only be worn for reading purposes, or fine work within the length of the arms, as vision for distance still holds good unaided. In the beginning glasses of + 36 or + 40 focus will usually fulfil the indications, but as the long-sight increases, which it is certain to do, they should be changed as frequently as necessary to meet the new conditions. The novice is apt to find them inconvenient or even annoying at first, and should acquire their use gradually, commencing with them in the evening, or on dark and gloomy days, wearing them for short periods, then laying them aside; particularly if any sense of strain or slight dizziness is experienced. Presbyopia usually makes itself felt, *pari passu*, at from forty to forty-five, but is not dependent upon just so many years, often being present at a very much earlier age, and sometimes holds off for a decade or so later. When first appearing it is corrected by glasses of + 36 or + 40 as before noticed, but being progressive increases so rapidly that they have to be frequently changed for stronger until in a few years +12 are required to do good service, which strength commonly furnishes all the accommodation needed for a lifetime. Occasionally the near point goes off so far that an additional pair of glasses are required, of weaker strength, to aid vision at a distance, approximating hypermetropia. In this latter complaint, the near point having gone entirely out of reach, everything is blurred and undefined until it is brought under subjection as in presbyopia, and to get the best of vision glasses must be used on all occasions, a low power for distant and a higher for close work, with necessary allowance for the encroachments of presbyopia.

Spherical concave glasses, which cause the rays of light to diverge, best made in the form of periscopic concave (ground to meniscus in which the concavity predominates) are needed for the correction of myopia, and should be used as soon as the difficulty is detected.

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Two pairs are generally required, a weak one for near and a stronger for distant objects.

Myopia is a disease whose tendency is to go from a mild degree to one more aggravated, even from bad to worse, and demands the utmost skill and care in providing for it. If the patient be young, however, and the myopia of a lesser grade with good accommodation still at hand, a single pair of glasses may answer for all purposes, but the degree of near sight should not exceed $-\frac{1}{10}$. At a maturer age presbyopia may work itself along to such an extent that long-sighted glasses will be needed for reading, yet short-sighted be required for looking away, as was the case with Benjamin Franklin, which fact led him to split his lenses in two, and make the upper part concave while the lower remained convex. In this way the trouble of frequently exchanging glasses was avoided, and convenience gained a decided point.

Cyindrical lenses are required to correct the irregularties of astigmatism and need the nicest discrimination in their adjustment, which can only be given by an experienced oculist. Prismatic spectacles, which bend the rays of light and pass through them, are used to remedy weak-sight (*asthenopia*), double-sight (*diplopia*), and other troubles arising from discordant action of the extrinsic muscles of the eye. As these conditions seldom appear alone, but co-exist with other anomalies of refraction, prisms are combined with convex or concave lenses, as needed, and thus constitute orthoscopic glasses.

That the use of spectacles has increased during the past few years is owing to several causes; a faulty system of schooling is furnishing generations of near-sighted and over-sighted people; new industries developed in the world's progress have given rise to new occupations requiring closer application of the organs of sight; and further than this a better knowledge of the eye and its functions has obtained, so that difficulties and diseases looked upon as the *bete noir* of the profession by our fathers, and regarded as incurable afflictions now gracefully yield to the skilful oculist, by application of optical laws revealed in the works of such men as Helmholtz and Donders. Greater knowledge is now needed among the laity regarding eyesight and its care, especially its defects and corrections, that causeless prejudice against the aids that science offers, born of timidity or pride, may be removed. That the eyes, delicately formed and endowed with a sense more precious and valuable than all the "jewels

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effulgent, matched to the gold of Ophir," or the glittering gems that hung in the garden under the glare of Aladdin's lamp, may, when showing evidence of distress, be treated with as much deference and respect as the pedal extremities laboring under that popular vegetation known as a *clavus*, or its kin, a bunion. When this becomes a rule better attention will be given to the eyes. Illy-made and illy-fitted spectacles will no longer be tolerated. As much pride will be taken in respectable eye-gear as in coverings for the head, hands, or feet. People who glory in silks, broadcloth, and fine linen will learn that there is a "quality" running elsewhere as well; and the sufferer from defective vision will realize that his failing sense should, at least, command as much care and skill as a carious tooth, and blush at the thought of intrusting it to the mercy of a strolling peddler, who, like a barber, dubs himself a "professor"—significant of his craft.

JOHN E. HURLBUT, M.D.

THE GALVANO-CAUTERY IN UTERINE SURGERY,*

THERE are many deseased conditions of the uterus and its appendages that require surgical treatment, and this surgical interference is frequently, we might say almost invariably, rendered by the knife or scissors, and is as frequently attended by hemorrhage more or less severe. This can and should be avoided, as in many instances the patient is in such a weak, anæmic condition, that the loss of even a small quantity of blood might prove seriously deleterious to her recovery, as was unfortunately the case on several occasions in Sims' experience, when by accident the circular artery was severed. Dr. Emmet has also met with this accident, and in some instances death has ensued even before the suture could be passed through the cervix and tied over the anterior edge of the os. Peritonitis, cellulitis and septicemia, are also frequent attendants upon operations with the knife in the intra-pelvic cavity. We are led, therefore, to inquire, why is it that with much safer means at hand, these operations are not transformed at once from the sanguineous ones they are, to the bloodless ones they might be? Is it

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ignorance, or prejudice, or both, on the part of many of our gynecologists, or is it a fact, as at one time stated to me, that when a surgeon performs an operation, attended with a sanguinary display, and turns to his audience (consisting of assistants or students) covered with gore, the operation is considered a *brilliant* one, and the operator is received with *eclat;* whereas, had the operation been unattended with this abattoir-like display, it would have been considered tame and uninteresting, and would have reflected upon the operator, perhaps, as deleteriously as the other operation might have reflected upon the patient?

It is a well known fact in physics, that if you interpose a resistance, especially a metallic or mineral one, in a current of electricity, that object offering the resistance becomes more or less heated, according to the strength of the battery, and the amount of resistance offered by the material interposed. This fact has been taken advantage of by such men as Byrne, Dawson, and Piffard, and the galvano-cautery battery is the result. In the construction of a galvano-cautery battery, certain fixed physical laws must be adhered to in order to accomplish the desired results, viz.: A small, compact, portable apparatus, consisting of a combination of electrical elements that will at once give a powerful current of high electro-motive force and small internal resistance, for a comparatively short period as there is seldom occasion for using the galvano-cautery for more than an hour or an hour and a half a tone time. Such a battery should be capable of heating to incandescence a piece of platinum wire five decimeters (20 inches) in length, and one-third of a millimeter ($\frac{1}{77}$ inch) in diameter. With a galvanic battery of this kind, a variety of bloodless surgical operations can be and are performed.

Dr. John Byrne, of Brooklyn, speaking of the important attributes of the galvano-cautery says, "They consist, first of all, in the peculiar manner in which the hæmostatic effect is produced on the vessels, and which, I surmise, is in no way analogous to that effected by ligature, torsion, écrasement, or styptics; secondly, there are no disorganized blood-clots or other effete material to become absorbed into the circulation. Blood-poisoning, as I have before observed, need not be apprehended as a sequel of cautery operations. In other words, it would appear that not only are the blood vessels securely sealed up, but the lymphatics as well; and hence the immunity from hæmatoxic and inflammatory complications." Dr. Goodall's observations with the galvano-cautery—and he has used it extensively—

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sustain Dr. Byrne's views fully. Heat, we know, is a very thorough disinfectant.

There are many surgical operations on the uterus and in the uterine cavity in which the galvano-cautery is particularly applicable, and it has been my fortune to witness many such, both as performed by myself and others, and I have not yet had the misfortune to see a single unfavorable result ensue. Permit me, therefore, to detail to you a few of the cases in which I had the pleasure of operating—and I assure you it was a pleasure, for while I felt that I was benefiting the patient, I was *sure* I was not depleting the system by unnecessary hemorrhage, nor planting the germs that might result in cellulitis, peritonitis, septicemia, or death!

Among the operations upon the uterus and its appendages, with the galvano-cautery, might be mentioned, first, abnormal growths, epithelioma, scirrhus, etc.; second, minor operations, such as increasing the size of or straightening the cervical canal; and thirdly, the excision of the whole or part of the cervix.

1st. We frequently find epithelioma, or cauliflower growths, covering the entire os and extending well up the canal, and so extremely vascular as to bleed profusely upon the slightest provocation. These growths are particularly unpleasant, as hemorrhage is almost constant and persistent, and the patient is consequently in a depleted condition. In operating on this class of cases, the patient should be placed under the influence of the anæsthetic, and given the Sims' position; one assistant seizes the speculum—a Sims'—while the other manipulates the depressor, on the anterior walls. The operator sitting at the end of the table, with his galvano-cautery on the floor between his feet, applies his moxa—a dome-shaped electrode—to the nearest growth, and then, throwing on the current, the growth is burned away; this procedure is continued until all epithelial growths have been entirely destroyed.

The surface is then dressed with tampons of cotton or lint, saturated in carbolized glycerine or vaseline, and positive quiet enjoined upon the patient. A rapid recovery may be looked for, and the only danger to be expected is the secondary hemorrhage that may result from too rapid burning of the tissue, and which is readily controlled by the second application of the heated moxa. The moxa for this operation should never be heated to a greater than a cherry-red heat, and the work should be performed slowly and thoroughly. It may be necessary in this operation, as well as in the

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emoval of other cancerous growths, to burn out the entire uterus, eaving only a shell—an operation which can be frequently accomlished with perfect safety. A variety of domes or moxas may have o be used in a single operation, varying in size from a centimeter n diameter, down to a mere point. These moxas should always be t hand, and so arranged as to be conveniently applied to the cauery handle.

During the fall of 1881, I was called upon, by a physician of his city, to see a case of epithelial growth in the uterus, and found he epithelium extending entirely through the canal and to the very undus itself. I advised a thorough burning out of the entire rowth, and, on the 7th day of December, of the same year, assisted y Dr. L. and three associates, I performed the operation. It required fully three-quarters of an hour, during which time the patient as under the influence of ether. The entire womb was thoroughly ouged out with the moxa, leaving simply a thin shell, the cavity easuring a decimeter in longitudinal diameter from the os to the undus, and nearly eight centimeters in transverse diameter.

The dressing consisted of a tampon of lint saturated in carbolized lycerine. The recovery was rapid; and the woman, a German, of orty-two years of age, is to-day attending regularly to her household uties, without any return of the troublesome disease.

We frequently find small tumors attached to the uterus that eigh it down, producing prolapsus, retroversion, or introversion. hese tumors are generally vascular, fatty, or fibroid. They are eadily removed by the cautery moxa. Another mode of procedure in heir removal is as follows: Dilate the vagina thoroughly, using for he purpose a Byrne speculum, or two Sims' speculæ if you have assistnts. Then pass over the tumor, and close to the uterus, a platinum ire-loop; tighten this loop with the handle until the wire partially nbeds itself in the tissue, then throw on the current. The wire will ecome instantly heated, and begin to burn the tissue. With the rrangement on the handle for that purpose, begin slowly to tighten p the wire as it burns its way through the growth, and, in a few inutes, the operation will be completed, and the growth itself will ll out of the vagina. Cleanse the parts with a little carbolized arm water; dress with the carbolized tampon, and in a few days our patient may be allowed to sit up. The tampons should be hanged every twenty-four hours.

2d. There are very frequently young ladies, girls, from fourteen

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to nineteen years of age, and even older, who suffer intensely at each menstrual period. We find on making an examination that the os uteri is very much contracted, that the cervical canal is narrow or tortuous, and the patient suffering from amenorrhœa, or painful and sometimes vacarious menstruation. Again, we find married women who are sterile, on account of a rigid, almost cartilaginous cervix, or conically pointed cervix, with small, pin-hole external os; or, we may find the anterior lip of the cervix projecting beyond and over the posterior, or the lips of the external os have a peculiar valvular shape, thus preventing conception or producing painful menstruation. Again, we have many flexions of the uterus, where it becomes necessary to straighten the canal, and in all of these cases the galvano-cautery can be used admirably. The pendulous growths can be readily burned away, the operation of discission of the cervical canal easily performed, and the canal thus permanently enlarged. To accomplish this, small point moxas are usually necessary. These points are made by doubling the platinum wire upon itself, bringing the doubled portion to a point with a pair of pincers or pliers, and attaching the two free extremities of the wire to the cautery handle. This point is then pressed well into the canal and the electrical circuit closed. The point of course becomes instantly hot, and is then slowly withdrawn with a slightly rotary movement. A plugget of cotton, saturated in carbolized glycerine or vaseline, is then inserted in the canal and allowed to remain until it comes away. This operation seldom has to be repeated, and is never attended with bad results. Patients can usually undergo this operation without ether.

3d. The cervix itself, is frequently found enlarged, elongated conical, or congested, or there may be malignant diseases producing serious and chronic prolapsus, retroversion, or some other malposition of the uterus. In cases of this kind, excision of the cervix is the best possible remedy, and often the only one. The old mode of excision by the scissors, écraseur, or knife is invariably attended with more or less danger from reflex action, which may result in peretonitis or cellulitis. By the galvano-cautery these complications are entirely avoided, to say nothing of the non-hemorrhagic nature of the operation. To amputate the cervix, the patient should invariably be placed under the influence of an anæsthetic, and placed either in the dorsal or in the Sims' position. If the dorsal position be adopted then the proper speculum to use is the Byrne operating one, or the modification of the Byrne, brought out by C. Henri Leonard, of De

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troit—I prefer the Byrne—the cervix is then seized with the vulsellum, and held firmly by the assistant; the wire is adjusted above the vulsellum, and the current closed. As the wire begins to burn through the tissue the "slack" is taken up on the windlass, and the operation is soon completed. To illustrate this operation, I will quote from my case-book a few cases wherein excision was performed:

Case I.—June 11, 1878, in company with Dr. K., of Detroit, Mich., I visited a patient of the Doctor's in Deerborn, who had been married for some years, but had no offspring. We found the uterus much prolapsed, the cervix elongated, and much congested, so that the canal was nearly closed. I recommended excision, and being prepared for the operation, we proceeded immediately to amputate the cervix. The patient was placed under the influence of chloroform, the vagina fully dilated with a Byrne speculum, the wire carefully adjusted, care being had only not to get the loop so far back as to include the attachments of the uterus to the vagina—and the circuit closed. In this operation the wire broke twice, and we were obliged to suspend work for a few minutes each time to readjust it, but with these drawbacks, less than three-quarters of an hour was consumed from the time the patient took her position on the table until she was placed in bed and had recovered from the influence of the chloroform. No untoward circumstances happened, and two years from that summer her trials were rewarded with a bouncing boy baby!

Case II.—November 22, 1880, Mrs. H. came to me, recommended by one of my patients, and said she was desirous of having offspring, and that she understood electricity would benefit a person in this respect. She was twenty-six years of age, of English birth, short and stout. On examination, I found a long, conical-shaped cervix with an exceedingly small aperture. I advised excision, but she was not inclined at that time to undergo it. I therefore endeavored to enlarge the os by electrolysis, and succeeded so far as to give her much more comfort during menstruation. I lost sight of her for nearly a year, when she again came to me, still childless, and desired to have the operation performed. On the 13th of December, 1881, I excised not more than half an inch of the cervix, leaving a stump less than three-quarters of an inch in diameter, which healed rapidly. The patient was confined to her bed but five days, and less than a fortnight to her house, and has since that time had two children. The

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first labor was a tedious and painful one, but the second was natur and easy in all respects.

Case III.—In June, 1883, Dr. A. B. Whitney, called upon me i consultation regarding a case of his, and we together called upon th patient and made a careful examination. The patient, Mrs. R., w a woman thirty years of age, small in stature, had menstruated whe sixteen years old, was married at the age of twenty-two, and had ha five children and one miscarriage. We found, on examination, co siderable prolapsus, with the cervix elongated, hypertrophied, an congested. There was evidently a pressure on the sacral plexus, such a manner as to effect the perineal branch of the pudic nerv and the three branches of the small sciatic nerve; the anterior cr ral nerve and its branches might also have been affected, and pro ably were. There was also considerable endometritis. I advise amputation of the cervix, but suggested first the reduction by loc applications of the inflammatory process. Some months later D Whitney called upon me relative to the operation and we made in mediate preparations therefor. At my suggestion, Dr. Whitney i vited Drs. McCann and Park to witness the operation and assis On Thursday morning, November 22, 1883, we performed the oper tion as follows:

The patient was placed under the influence of ether by Dr. Par who took charge of the anæsthetic. I attempted to operate with Byrne speculum, but found the vaginal walls in such a flabby co dition as to interfere with the operation. The patient was therefo placed in the Sims' position, and two Sims' speculæ used, one ant riorly and the other posteriorly. Dr. McCann manipulated the po terior speculum, while Dr. Whitney manipulated the anterior spec lum and the vulsellum, which was attached to the os. I adjusted m wire carefully about thirty millimetres above the end of the cervi drew it tightly around the cervix, and closed the current. The bur ing process began immediately, and continued uninterrupted to th end. Time consumed in the operation: eleven minutes. Th patient made a rapid recovery, and I was informed by Dr. Whitn that the stump healed nicely, leaving no scar, and that the patie had received great benefit by the operation.

We trust the time is not far distant when every intelligent phys cian will be the possessor of a galvano-cautery battery, and will u derstand how to use it. These needed operations will become the

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more frequent, and the unpleasant and direful results of knife operations will be dispensed with.

Since writing the above I have had occasion to use the galvanocautery in a great many instances and for a variety of intra-pelvic operations, and have not had more than one or two unsuccessful results. I have performed the operation of excision of the cervix in over one hundred cases, a tabulated statement of which I shall furnish at a future time.

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DIABETES.

DIABETES mellituria, or glycosuria, seems to be another affection more or less associated with the assimilative process. It is also associated with assimilation and combustion of the hydrocarbons in the body. The nutritive materials taken up by the portal veins are stored up in the liver in the form of glycogen, which is the product of the saccharine matter of the food. Farinaceous food furnishes the materials out of which grape sugar is formed, by the action of the saliva and pancreatic fluids; and a limited quantity is produced from nitrogenized materials, which are split up by the liver into glycogen and azotized waste materials; and the latter (by uniting with oxygen) are converted into uric acid and urea.

The liver stores away fuel from the products of food, and gives it off as required by the systemic functions of the body at large. Hence this glycogen is also given off as needed for consumption in the transformation into sugar; then it is burnt up in the body, and its oxidation produces carbonic acid and water; and mechanical force is evolved also in its combustion; so is heat. In health, the sugar so furnished to the system is perfectly consumed, but in this disease it is not. Although there may be sugar in the urine, yet the patient may not waste away and die, but live for some time, especially under proper dieting. There are several conditions that discourage the formation of this sugar, and others that encourage its production.

George Harley and Dickenson show that diabetes may arise from excessive brain labor. This fact I have sadly proved myself in the loss of a daughter, who doubtless brought on this disease from exces-

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sive study at school, contending for the first honor in college. Th formation of, as well as the storing away of glycogen, is connecte with the portal vein, and its disengagement and restoration to th blood are associated with the hepatic artery. And when that arter is dilated, the sugar is given off in large quantities from the liver where it has been kept in reserve for the use of the economy.

By irritation of the vagus-nerve root, an excess of sugar is throw into the blood quickly. And high arterial tension, with a rise o pressure in the hepatic artery, give rise also to an excessive disen gagement of sugar. From this fact, persons suffering with Bright' disease may have sugar in the urine. In diabetes, the most fearfu fact is the incapacity of the liver to transfer the sugar into the bloo of the portal vein, and change it into glycogen; in consequence o such failure of functional action of the liver, the sugar remain in the blood as sugar; or the liver may fail to oxidize the suga after it has been assimilated. In either case it results in disea somewhere.

In this condition there is muscular debility, the result of the no combustion of sugar in the muscles, where it should have burned u after being broken up into lactic acid, and oxidized as lactate of sod In case of wasting thus of the sugar, muscular action, as well as an mal heat, are deficient, and the hydro-carbonaceous materials mu be burned up to compensate for the non-combustion of the suga hence the great loss of fat of the body in such cases.

There is great thirst from the retained sugar in the blood large quantities; and the quantity of the urine is greatly increas by this increased quantity of sugar in solution passing off through t kidneys. And it is better for the patient that the sugar should eliminated from the blood than for it to be retained there. We ne not be so much alarmed at the elimination of the sugar by the ki neys as we should be at the peculiar pathological conditions givi rise to this abnormal consumption of the sugar instead of its prop uses.

A proper understanding of the ferments in the system by whi the sugar given off by the liver into the general circulation is brok up into lactic acid requires further investigation. The pancreas fu nish the most of these ferments, probably, but they exist also in t muscles. L. Brunton has asserted that when diabetes arises fro lessened combustion of sugar, instead of an increased formation it, it is then caused by three factors, viz.: insufficiency of the fe

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ment which converts the sugar into lactic acid and glycogen, and to an altered quality of the sugar, which enables it to resist the action of the ferment; or, to diminished circulation through the muscles, preventing the sugar from coming into contact with the ferment. Diabetes sometimes exists in connection with Bright's disease and proves fatal.

Treatment.—In the treatment, one of the first considerations is to give the patient a diet that he can readily oxidize, and relieve him from the sugar which no longer subserves the purposes of his system, but really entails upon him extreme thirst and other troubles. The skin should be kept warm, and the circulation of the blood in the cutaneous vessels maintained in a normal condition. By these means the blood-pressure is lessened, and consequently the disengagement of glycogen is thereby much diminished. Good exercise favors the same great end, by bringing the blood into contact with the proper ferments in the muscles, thus also bringing the sugar in contact with the ferments there. The existing debility very much discourages patients from taking active exercise; but, nevertheless, it is essential to the patient's recovery. In case of those who follow intellectual pursuits, and of course lead a sedentary life, the unconsumed sugar thereby drains away. But exercise and warmth of the skin so lower the blood-pressure in the hepatic artery that this waste of sugar is greatly lessened.

The diet should consist of meat, and fat meat if the patient's stomach can digest it; vegetables which do not contain starch; bread, deprived of starch; and water or milk as fluids, and skimmed-milk or buttermilk, is the best for most patients.

The lactic acid of milk, or koumiss, is an oxidizable food, and consequently very useful to diabetic patients if it agrees. As regards the remedies to cure this disease, I have found none better than lycopus (bugle weed), nitrate of uranium, and the rhus aromatica. I have treated several cases of this form of diabetes, as well as diabetes insipidus, with these remedies, with the best of success. I give the tincture of rhus aromatica and lycopus virginiana, equal parts, of the fluid extract, in doses of one or two drachms, every three hours in the day. If there is great irritability and sleeplessness, then moderate doses of codeia may be given at night; this is preferable to opium; the dose need not exceed one-half grain. Some writer recommends conia instead of codeia, but I have never tried it myself. Some Eastern writers recommend the peroxide of hydrogen (ozonic ether),

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to directly oxidize the sugar, and claim some success. Where th
is great debility, connected with anæmia, then the iodide of i
is indicated, alternated with helonias dioica. I have seen the
ease give way rapidly under lycopus and helonias before the discov
of the valuable properties of the rhus aromatica, but the latter reme
does certainly exercise greater control over this sugar waste by
kidneys than any other remedy known to the profession. A uni
of rhus aromatica and lycopus, alternated with helonias dioica,
served me better than one of these remedies alone, as each has
own action. I. J. M. Goss, A.M., M.D.

INFANTILE PARALYSIS: ITS TREATMENT.

I HAVE carefully watched the progress of this disease among ch
dren in my clinic for the past four years, and while many cases
not benefited, I certainly think better results are now obtained th
hitherto. An apparently healthy child, who has played, possi
talked, been happy and cheerful, is put to bed without a thought
suggestion of being ill. The next morning, when it is aroused, it
found partially paralyzed and a cripple. The child who only yest
day could walk, dance, or play with the best of them is now a he
less invalid, obliged to be attended to and incapable of cert
movements. If you examine the child, you will find the l
(usually one, for the legs are much more frequently attacked th
the arms), cold, devoid of circulation, hanging helplessly in wh
ever position placed by the body. The reflex action is abolished, a
sensation is either normal or the member is exquisitely sensiti
No amount of effort on the part of the child can move these helpl
limbs. The child may possibly have had some fever during
night, and some slight remains of it the next day; but its presen
like its absence, does not shed much light, for numbers of cases
my experience have never had *any symptoms*. In a few days th
affected muscles begin to waste, and with the atrophy degenerati
goes on in the muscle and the nerves. Kussmaul named this dise
anterior poliomyelitis, and if electrical tests are made within the fi
week of the disease, it will be found that the muscles begin to ref
to act to the faradic current about the third day, and by the end
the week has entirely disappeared, perhaps never to return agai

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Placing the galvanic current over these nerves gives no response; but if the current is directed immediately over the muscles, it will be found that there exists increased excitability, that is, a contraction can be obtained from a current feebler than one required in health to cause contraction. This degeneration of muscle and nerve may continue until a time arrives when no response can be obtained from either. The prognosis is indeed bad, and it is only by adopting vigorous special treatment that any good results can be obtained. The strong diagnostic point of this disease must not be lost sight of—that it comes on suddenly, possibly without any warning or antecedent illness, or it may follow the exanthemata, measles, scarlet-fever, or whooping-cough, or any one of those trivial inflammatory troubles of infancy that are so common and yet we do so little for. Occasionally the attack may be ushered in by or followed by a convulsion, or, as the mothers often express it, "internal spasms." Even when the paralysis in a measure passes away, some group or groups of muscles are left impaired, and the child limps around as a cripple. Club foot, loose joints, with dangling limbs and extreme degrees of spinal curvature nearly always owe their origin to infantile paralysis (Erb.) "The shrunken, paralyzed, crippled members, hideously distorted, incapable of use, constitute burdensome appendages to the body, and a striking contrast to the well-formed, well-nourished, sound limbs. As a result of a large experience with over one hundred cases treated, I believe that a great deal of good can be done, and in many instances a cure obtained, but the treatment must be carried out systematically and faithfully—for months even, if necessary.

The mode of treatment suggested, after carefully watching a number of cases, has often given in my hands brilliant results, even where they had been pronounced hopeless. Many of these cases began with a fever, and I believe that if they were seen at once a temperature from 100 to 103 degrees would be found. This is not the time for interference, but the child must be kept absolutely quiet in bed, in a darkened room, preferably. Some gentle aperient should open the bowels, and they should be kept open.

I prefer the Rubinat or Friederichshall waters. The diet should be of the lightest character, preferably of beef-tea and peptonized milk. Aconite or gelsemium is most useful here in cutting short the febrile stage. If convulsions occur, the bromides in large doses should be given either by mouth or rectum. When the acute stage has passed off, that is, when no elevation of temperature is present, the

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child is allowed to get up, and should be given a plain, liberal diet. Counter irritation should be applied to the spine either by small successive blisters or by iodine.

Our remedy, physostigma, should now be given in coated pills—one-fiftieth ($\frac{1}{50}$) grain of the extract. I begin with one pill three times a day, gradually increasing the doses until one pill is taken every three hours. It is an open question whether the good effects are due to the physostigmine or to the calabarine, both of which produce a marked effect upon the spinal cord. The excitability of the muscles is increased so that they contract under a slighter stimulus than usual. The physostigma should be kept up several months, but after the first six weeks it may be combined with phosphorus, one two-hundredth ($\frac{1}{200}$) of a grain. Just as soon as the active symptoms have disappeared, that is, four or five days after the onset, we resort to massage, carried out systematically by an experienced person. I have seen some remarkable results due to scientific massage, for it is a powerful excitant to the capillary circulation, a stimulant to secretion, and an awakener of dormant nervous energy. It acts upon the deep-seated parts and wonderfully aids nutrition. Beneficial results are seen after the first few sittings, in the increased warmth of the parts, the temperature rising immediately in the paralyzed parts several degrees, a fact easily demonstrable by the thermometer. This is soon accompanied by increased tissue change, and the patient feels that he is growing better. It has been shown that as a result, partly of the development of surface heat and partly of the friction, delicate electrical currents are developed in the tissues themselves (Reibmayer.)

The sittings should at first be short, not exceeding ten minutes; but should be held five times a day, their duration being gradually extended in proportion to the condition of the patient. The massage should include the spine and back as well as the paralyzed parts.

It is always asked how can any local treatment benefit a disease that has a definite anatomical seat in the spinal cord. It is true that the disease is due to destruction or degeneration of the large multipolar cells of the gray matter of the anterior cornua of the spinal cord, but if we can "keep the parts going" until the parts take on the nutrition and function of the lost areas, we can have a recovery. What is so essential in treatment is to arrest and prevent further destruction. After the massage, at every sitting, an attempt should

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be made to make the muscles affected contract to electrical currents if possible, using the faradic current if it will produce contractions, if not, the galvanic; and often in degeneration contractions can be obtained from the positive pole when no reaction occurs under the negative, the so-called reaction of degeneration of the Germans. The current may be applied over the muscles themselves, but in the majority of cases it is best to pick out the motor point (see Ziemssens motor points) with a small electrode. A muscle which at the commencement of the sitting would not contract at all will often contract vigorously after a few minutes' massage. Zabludowski points out than when the muscles of an unimpaired frog are stimulated to contraction by the rhythmic application of maximal induction currents until they are exhausted and no longer contract, kneading them or massage restores their contractility, so that their contractions are nearly as powerful as at first, while simple rest without massage has very little restorative effect. Massage acts as a very complete and perfect circulation through the muscle in removing waste products and restoring power. Galvanism is usually recommended in preference to faradic currents, especially in the first few days of treatment, but a choice of currents is of little importance, if we can only get a contraction. This can nearly always be accomplished without pain to the patient. If the muscles decline to work at first, the only thing is to keep on with the massage until they will do so. As the patient improves, the faradic current alone is useful; but in all cases I would advise galvanism to the spine, one pole (indifferent) over the vertebra prominens and the other over the lumbar region, with sufficient cells on to cause a gentle glow, but not painful current, to patients. In conjunction with massage and electricity, I use accessory treatment. I do not exclusively confine myself to physostima and phosphorus, but meet general indications with dietetic and remedial agencies. Cod-liver oil is excellent if free from taste and smell; extract of malt is most valuable, and I much prefer Trommer's to any other; chemical foods and the various preparations of hypophosphites, notably the syrup of lactopeptine combined with phosphates; warm clothing is an essential, and I should have the child encased in flannel from head to foot; sea-water baths, or warm salt-water baths are often very beneficial. A good stimulating bath can be made by adding three ounces of the extract of fir-wood to the ordinary bath. I have not dwelt upon strychnia for the

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reason that my clinical experience has failed to impress a benefits from its use, though in one case of a child, reported Spitzka, in the mistake of the druggist, a poisonous dose strychnia, one third of a grain, was given. It produced all t toxic effects, including convulsions; but when the child came fr under its effects, its infantile paralysis was cured. Poliomyeli must have several distinct causes acting upon one anatomi centre, for the cases, ushered in with fever must be very diff ent from those, without symptoms. Recent German investi tion suggests it being an acute infectious disease of germ origin.

ROBERT SAFFORD NEWTON, M.D

RECENT PROGRESS IN MEDICINE.*

Diphtheria—Its Cure.—Dr. Thomas A. Elder writes to the *N. Med. Journal,* April 19, 1890, that he determined to try the per ide of hydrogen in some diphtheritic cases. He procured a ten-volu solution and "armed an applicator with a pledget of absorbent cot saturated with the solution and rubbed it over the membrane seve times. The effect was magical. The membrane did not dissol but softened, took on the appearance of "whipped cream," let go hold on the mucous surfaces, was easily removed with the applicat and left a raw surface, showing the membrane to have been rea diphtheritic. It did not seem to prevent the formation of new me brane, but it left a clean surface to which other antiseptics were appli and I think, prevented the least approach toward blood-poisoni I think it worthy of extended trial. I had it applied once every h for four or five days before the membrane ceased to form."

The Treatment of Cold Abscesses by Injections of Iodoform Em sion.—Fräenkel reports (*Wiener Med. Wochenschrift, No.* 28) t treatment as used in Billroth's Clinic with great success. T abscesses were first punctured and their contents evacuated un asepsis ; they were then filled with an emulsion consisting of ten pa of iodoform dissolved in one hundred parts of glycerine. Eight of the twenty cases thus treated were entirely cured, although ev case was connected with well marked bone disease. In a few case was necessary to repeat the injections.

Galvanism in the Treatment of Nervous Dyspepsia.—Semm recommends the use of the constant current in cases of dyspep

* A Monthly Review of Practice, Edited by Robert Safford Newton, M.D

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of purely nervous origin ; one pole to be placed in the back of the neck and the other in the epigastrium (choice of poles indifferent, R.S.N.), the applications to be continued from five to ten minutes, and repeated at intervals of twelve hours. The most suitable time is just before meals. ("Arch. gén. de Méd.;" "Memorabil.")

A Point in the Early Diagnosis of Pregnancy.—From a paper published some time ago this important point was evolved, and so correct and useful has it been found that it is now known as "Hegar's Sign." Hegar called attention to the fact that during pregnancy the lower uterine segment becomes thinner and softer than in the non-gravid organ. This condition can be made out easily by bimanual palpation, especially if one finger is placed in the rectum while the uterus is depressed from above with the other hand.

Relief of Pain in Carcinoma Uteri.—Marquis praises very highly the use of antipyrin in single 10-grain doses to relieve the pain of uterine cancer. The pains disappear almost immediately after the administration of the drug.—*Vratch* 44.

The Comparative Action of Antipyretics.—Crombie draws the following conclusions from his personal experiences with Phenacetin, Antipyrin, and Antifebrin.

1. Antipyrin is the most active antipyretic.
2. Phenacetin is the most harmless antipyretic.
3. In certainty of action antipyrin comes first, then antifebrin and phenacetin lasts, but the action of phenacetin lasts the longest.
4. Antipyrin is useful in sunstrokes.
5. Phenacetin is superior to the antipyretics in this, that it possesses soothing properties and produces tranquil sleep.
6. In fever, apoplexy, sunstroke, and hyperpyrexia in general, antipyrin is indicated, if the temperature is 102½° to 105° F. Antifebrin or phenacetin may be used indifferently. If the temperature is below 102½° phenacetin is to be prepared.—*Les Nouveaux Remed.* 1·90.

Electricity for the Relief of Pain in Gynecology.—Bröse (*Centralblatte für Gynökol.*, Oct. 19, '89) reports twenty-five cases of oöphoritis and perioöphoritis treated by him with the brilliant result of curing twenty-one and improving two. He uses strong *faradic* currents in all ovarian pains and neuralgias. He places the *positive* pole in the Vagina and using a very large plate over the abdomen to which the negative pole is attached. The *seance* should be prolonged until the sensitiveness of the ovary is diminished. From five to thirty-five applications may be necessary to complete a cure.

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Whooping-cough Cured with Resorcin.—Andeer (*Centralb. für d. Med. Wissensch., No.* 89) has used this remedy with great success, and reports the following interesting case :

A girl of seven years had catarrhal form of petussis for eight days, sleep greatly disturbed by frequency of paroxysms. Various treatment, and change of house and climate of no avail. Girl was given a two-per cent aqueous solution of resorcin of which a half wine-glassful was to be partly swallowed and partly gargled four times daily. Two days after number of paroxysms greatly diminished and could sleep nearly all through the night. In ten days all cough had entirely disappeared. In two additional cases where resorcin was used in this method the cough was stopped in four days.

Chronic Diarrhœa—How to Cure it.—*The Medical News* correspondent says : "Many years ago I suffered severely from that trouble, and considered it incurable. Being in Paris, one of the best physicians there assured me that it could be cured by a diet of raccahout, and it was. I could not get the acorn meal that forms the active part, but knowing that its usefulness must depend upon the tannin it contains, I tried substituting for it the following :

Powdered chocolate, pure.....	½ lb.
Rice flour.....	½ lb.
Powdered sugar.....	½ lb.
Tannin.....	120 grains.

The tannin or the rest separately had little effect. Together they restore the tone of the alimentary canal and nourish as well as cure. One thing is essential, that is long cooking—*not less than half an hour.* If simply boiled a few minutes, the harsh taste of the tannin is very strong. With a good half-hour's cooking that disappears wholly. It is impossible to distinguish the medicine from ordinary broma. The amount to be taken is a teacupful mornings and evenings at meals.

Angina Pectoris.—M. Honchard (*Hosp. Med. Society, Paris*), insists that the diagnosis of angina should rest less on the seat of the paroxysmal pain than on the presence of an excessive arterial tension and of the exaggerated diastolic murmur. The *pain* is not what is to be feared and combated, but it is to the *reduction of the arterial tension* that the therapeutic measures must be directed. The remedies proper for these cases are the nitrites and the iodides, continued for long periods together with a milk diet.

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Chlorosis and the Ton of Iron.—All symptoms of chlorosis depend upon disordered blood formation. It is an essential anæmia in which the chief clinical and chief pathological feature is a great diminution in haemoglobin in comparison with the slight lessening in the number of red blood-corpuscles. Pallor, giddiness, weakness, dyspnoea, palpitation, etc., depend upon this disordered blood-formation. The gastro-intestinal disturbances have been shown to be due to the excess of decomposition products in the intestines, being part of the obstinate constipation. These break up the iron compounds of the food, and tend to prevent the due absorption of iron in its only assimilable form and so lead to impaired blood-production on the principle that, if iron in normal quantity is absent from the blood, any amount administered by the mouth will surely cure chlorosis. The ton of iron has consequently long been the classic prescription. Iron does not invariably cure chlorosis. A large number of cases are not benefited by it. The English physician who said aloes would always cure chlorosis came far nearer the truth than the advocates of iron.—*N. Y. Med. Journal, March* 29, '90.

Neuralgia, Chloride of Ammonium in.—Many cases of supraorbital neuralgia that appears to be idiopathic, and not in rheumatic or gouty subjects, may be relieved at once by administering this remedy in twenty-grain doses. *R. S. N.*

Acute Cystitis.—Recently very favorable reports have been received of the use of the fluid extract of Collinsonia Canadensis given in fifteen drops doses every four or six hours in cases of severe cystitis, where all other remedies have failed. *R. S. N.*

Chronic Cystitis.—Professor Mosely Moorhof highly commends the use of half a dram of the following; having first thoroughly washed out the bladder.

℞	Iodoform	ʒ xiii.
	Glycerine	ʒ x.
	Distilled water	ʒ iiss.
	Gum tragacanth	grs. iv.

After three or four injections the catarrhal inflammation is much or wholly relieved.

Nocturnal Incontinence of Urine.—In this very troublesome complaint a combination of bromide of potassium and belladonna acts much better than either remedy alone. Before retiring I order one dose of ten grains of bromide and fifteen drops of tincture of bella-

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donna given in a little peppermint water; repeat this each night whil necessary. *R. S. N.*

Acute Tonsillitis—Benzoate of Soda.—If this drug is persistentl and honestly used from the first appearance of inflammation it wi control the disease. I have given it in several hundred cases an have always cut short the disease. In place of the tonsilitis runnin along for a week it can be brought down to a question of two or thre days, often of thirty-six hours. I have seen the small punctate case ous concretions of the tonsils disappear within twelve hours. I giv doses ranging from five to twelve grains every hour. The drug can b given with perfect safety even to children. *R. S. N.*

Anthrarobin in Parasitic Skin Diseases.—This substance is closel allied chemically to chrysarobin and is highly recommended b Behrend for use in those diseases where chrysophanic acid has bee formerly used. He prefers a ten or twenty per cent ointment. I possesses the advantage over analogous drugs in that it can be applie to the face without causing a trace of inflammation, and that it i well borne during weeks and months of use. (*Deutsches Klin Wochen*, No. XXI.

SPIRIT OF THE MEDICAL PRESS.

THE *American Medical Journal*, speaking of the saying tha "doctors cannot agree," remarks: "Why this sentiment should pre vail is more than we can conceive, for in all the professions we fin the same spirit of envy, the same jealousy and contention. There are bickerings and strife among lawyers; the school-teacher think he possesses the only true methods of instructing the youth; the sing ing-master must undo the bad training of the former teacher of hi pupils; and the jealousy existing among the clergy is notorious.

"I suppose that a certain amount of the elements of combat i essential to the battle of life. It is said that a man grows brighte and better by the grating pumice of his enemies, by the chisels o his opponents, by the mallets of his critics. Generally speaking, the man who passes through the world smoothly, unscathed and untouched by criticism, is a good fellow that is good for nothing. The field that stands uncultivated is infested with weeds, thorns, and briers; and the prettiest flower that blooms requires the patient toil and care [not of its enemies, but] of its husbandman. The man that accom- plishes good in the world is the one that will be criticized; and the

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system of truth that has its persecution will develop amidst its martyrs. . . .

"A man to make the practice of medicine a success should start out with fair literary attainments. It is a great misfortune not to be able to spell and write well. Even though he gains a fair medical knowledge, his literary defects will be a constant exposure. What do you think of Dr. Monciscar, who writes, 'Doce of Medcin'? There is really no substitute that will take the place of this defect. He may be a man of fine physique, and go well dressed; but, like a wolf in sheep's clothing, he dares not move for fear of leaving in his path the imprint of the wolf's foot. Such a one cannot hope to gain the confidence of the better, most influential and intelligent part of the community. . . .

"Not long since I was attending a patient who was about to die. The friends suggested counsel with a physician who by no means was beyond my equal. I at once consented to this, but took the occasion to say that 'he was of a different school, and that he might refuse on this account. Now, if he refuses, you must make up your mind to dismiss me and accept him.' The friends stated that they could not consent to have me leave the case. Now I said, 'You see him and ask him if he is willing to consult with me; and if he refuses, tell him he is not wanted on any other terms.'

"Terms of consultation a man has a right to make in his own cases; and this is better than to conform to an arbitrary code of ethics, which at times will place its adherents in a very awkward position before the public. No general rules can fit closely enough in particular cases, and a careful study of the situation is required for the best interests of yourself and patient.

"The friends who seek for consultation do it for the good of the patient. They care nothing for schools. What they want is the man that can cure, or do the most for the sick person; and, when it is found that the party to be consulted has his own aggrandizement, the exaltation of his own particular school, at heart more than the well-being of the patient, I love to be the humble instrument in giving such a one a professional blast.

"As long as a man can act the part of a gentleman there is no one who will guard his own conduct better than I; and when a professional fight is imminent I shall aim to act upon the defensive, and then beat my opponent in such a way as to gain the confidence and esteem of by-standers."

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The *Eclectic Medical Journal* amends its answer to the sympo siac question which has been passed around among leading Eclectics After criticizing the responses that were pumped out, it proceeds "I intended to say that eclecticism from the first to the present wa *'a rejection of all remedies and means which endanger life, health or might leave an enfeebled body, and the selection of such reme dies and means as act kindly, without danger, and give a good re covery.'*

"In the practice of medicine, as in the teaching, it may be sai of the majority, 'He scatters.' A medical teacher may talk an hou very learnedly without making a single point. I listened to one o the subject of pneumonia, some years ago; and when he was through you could neither tell cause, diagnosis, nor treatment. In one of ou exchanges recently was a very learned paper on the same subjec but open to the same objection. . . .

"It is in examining patients that physicians 'scatter' mos Concentration is the quality needed. If of a case you can say: H eyes and nose are red and weeping, his face is full, he coughs- measles; or of another: Fever, sore-throat, scarlet flush of skin an eruption—scarlet-fever; of another: Feeling badly for some day bones ache severely, small red spots appear, which under the finge feel like a shot imbedded—small-pox; of another: Fever with lon forming stage; has diarrhœa, iliac tenderness, gurgling, rose-colore erruption—typhoid fever. . . ."

In regard to "Gynæcology," the editor remarks among a fe facts: "Physicians do not neglect the 'tricks of trade,' and they us big names to impress the public; and unfortunately the name some times gets away with their knowledge of anatomy and physiology. I the olden time the doctor would, advancing his interests, put o his card, 'Special attention given to chronic diseases and diseases o women:'—now nothing less will serve him than 'Gynæcologist' The married negro in Africa does not call his partner wife, but *gy* It is possible that the early Greek savage called his partner *gyn*, an as he became civilized *gyne*. As the darkey would say, the name *low down*, and yet it has become the designation of a class of specia ists.

"Not only do physicians impress this name into use to designa a profession, but in so far as possible they weave strange and ne terms into the nomenclature of disease—undoubtedly for the sam reason: for instance, the outlandish word *salpinx*, from the Greek

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which has been used to designate the Fallopian tube as well as the Eustachian tube. [The Greek word means a *trumpet.*] Thus we have salpingitis for inflammation of the Eustachian tube, hydro-salpinx for dropsy of the tube, pyo-salpinx for pus in the tube, salpingy-sterocyelis for pregnancy in tube or uterus, etc. I have no objection to the words, if one does not lose himself among them, and forget more important things. . . ."

The *Chicago Medical Times* discusses "the elements of our success." With a confidence born of experience the editor thus declares:

"As Eclectic physicians, we feel that we have every reason to congratulate ourselves on the marked success of our methods in overcoming the processes of disease, and satisfactorily restoring the health of our patients. There is no doubt whatever that the percentage of cures is larger and that the mortality-rate is lower by our methods than by any other known.

"We are impressed with a deep-seated conviction that our methods contain more of good, more that is correct and satisfactory in the treatment of disease, than can possibly be found elsewhere. And we think that we have 'reasons for the faith that is in us.'

"We observe that those of our number who do not believe that there are specifics in medicine, who have no confidence in the direct and invariable action of any agents, are the very men who talk as those of the Old School do,—'that we don't know anything about medicine yet: it is all a farce—it is all guess-work.'

"The knowledge that we have of the direct action of medicines, although yet limited, gives us a strong confidence in our ability to cope with disease, and unless we have confidence we cannot achieve success. The confidence in the direct action of remedies in distinct disease-processes is the first element of our success. . . .

"Another element of our success is in the fact that we give largely those remedies which work in harmony with the natural processes of the body, are organic in their character, and are not entirely foreign in their chemical nature to the structure of the body, the organic processes of which can naturally appropriate or eliminate the remedies without their acting as foreign substances and impeding the functional workings of the body.

"Another element of our success is that we encourage nature in every possible way, and assist in throwing off disease without depressing the vitality, quickly removing the cause of disease whenever appar-

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ent, and thus giving the *vis medicatrix naturæ* an opportunity to assert itself."

Again the *Times* says: "We have been forced to observe that if there is any one habit of Eclectic physicians that contributes more than any other to their success, it is the habit of treating *as of first importance* any variations of the circulation and temperature from the health standard."

"As we obtain confidence in our own methods, and follow out obscure indications with confidence, we will obtain results often surprising, and which will develop our knowledge and increase the general fund of knowledge, which will at no distant time declare a more exact character for the practice of the profession of medicine."

The Georgia *Eclectic Medical Journal* presents to its readers the Inaugural Address of Dr. Fielding T. Powell, the new president of the Eclectic Medical Association of the State, and thus introduces him:

"The veteran doctor is widely known as one of the most successful physicians of the Eclectic School. His early Allopathic training, coupled with his great experience with the remedial agents and methods of Eclecticism, qualifying him for a right estimate of the comparative merits of the two systems. . . . Although, as he humanly intimates in his exordium, and as his picture attests, he is a man of brawn as well as brain, we are still disposed to say, 'May his shadow never grow less!'"

To the MEDICAL TRIBUNE the *Journal* extends a right hearty fraternal welcome:

"The MEDICAL TRIBUNE, Volume VI., has made its appearance after a sleep of six years. It comes up livelier and lighter-hearted than ever, and with the sure signs of having come to stay. Professor R. A. Gunn, the editor, buckles on his armor anew, and will be, as heretofore, a doughty and effective champion of Eclectic medicine in its broadest and most liberal aspect. His wide experience as physician and editor fit him rarely for his avocation. Prof. Gunn was among the organizers and the original Secretary of the National Eclectic Medical Association, from which body he inconsiderately resigned in 1884, with no sufficient cause or reason. But for all that, he is a stanch man, a warm friend, and an able surgeon and physician, as well as author. He trains with the stanch physicians, Munn, Piper, Covert, and John King. We welcome him again to the editorial field, with full fellowship, and bespeak for him a successful career, both in the professional world and the pecuniary. We want more like him in the ranks—men to love, to hate, to fear."

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Editor's Table.

THE STATUS OF MEDICAL LEGISLATION.

THE New York Legislature was flooded with medical bills during the session which has just closed; but as far as we can learn, only one has passed, and that is still in the Governor's hands.

The first of those bills introduced was advocated by the old school, and provided for an examining board to consist of five allopaths, three homœopaths, and one eclectic. This board was to examine all graduates in medicine, and grant licenses to practise to those who passed the examination; but the homœopathic and eclectic members of the board were only to examine candidates on therapeutics and practice. This would have prevented the examiners of the two last-mentioned schools from having any voice in passing on allopathic candidates, while they had the majority vote on the homœopathic and eclectic candidates.

To offset this one-sided and pernicious bill, the homœopaths had one introduced which embraced all the features of the first bill, except that it provided for three boards of examiners, one to be nominated by the Allopathic State Medical Society, one by the Homœopathic State Medical Society, and one by the Eclectic Medical Society. It soon became evident that if any bill passed, it would be the three-board bill; and when the first vote was taken, it was advanced to the third reading by six to one, and the allopathic bill was defeated by the same vote.

At this stage, Dr. R. P. Bush, an old-school member of the Legislature, introduced another bill, which provided that all graduates of colleges in the State could register and commence practice without being examined by any State board of examiners; but that those graduating outside of this State should be examined and have their diplomas indorsed by the Board of Regents.

It is evident from this action that the allopathic colleges had no desire to pass a law providing for examining boards to license physicians. It would seem that their bill was framed either to crush out the other schools, or to make a pretense of asking for medical legislation, knowing that the bill would be defeated on the ground that it too strongly favored one school to the disadvantage of the others.

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This belief is sustained by the fact that as soon as it became manifes that an equitable medical board bill was likely to become a law, the immediately introduced a new bill, which, if passed, would nullif the examiners' bill entirely, and make it a dead letter, so far as th colleges in this State are concerned, at least.

Another instance of the false pretenses of our colleges, whe they talk about elevating the standard of the profession, is manifeste in the attempt to repeal the law passed last year, which requir that all persons intending to commence the study of medicine sha pass a preliminary examination, prescribed by the Board of Regent before entering a medical college. It was evident that this requir ment would materially decrease the number of students in our med cal colleges, and hence as a financial measure it was resolved that th law must be repealed in the "best interests of the profession." W have always advocated a high standard of literary attainments f medical students, as well as a high standard of medical attainmen for all graduates in medicine, and we are therefore pleased to sta that this last-named law was not repealed.

The fate of the three-board examiners' bill is yet undecided; bu should the Governor approve of it, and thus make it a law, it ca not be said but that it will meet all the requirements so lon clamored for by the old-school, while it will do equal justice the adherents of the three recognized schools of medicine.

Though we are opposed to all kinds of medical legislation, on th broad grounds set forth so ably in the veto message of Governo Ferry, of the new State of Washington, which we published in Th MEDICAL TRIBUNE for April, yet we believe that the measure no in the Governor's hands is the most free from objections of any la that has been passed since medical legislation was revived in 187 after a slumber of thirty years.

If this bill becomes a law, each school will control its own boar and consequently its adherents will receive equal justice, whi graduates of colleges in other states will stand on the same foo ing with those who graduate in this State. As the law now stand the few men who practically carry all our medical colleges in the pockets have the power to refuse to indorse diplomas from oth States, thus establishing a "Chinese wall" against many citizens wh desire to carry on their lawful vocations in this State. We kno of many instances where this power has been exercised on person grounds by more than one college in New York, and we fear th

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the same thing will be continued if the law is not so amended as to make such outrages impossible.

If we must have a law regulating the practice of medicine, let us unite in asking the Governor to sign the three-board bill now in his hands; then let us see to it that we have no more interference till the medical profession become so enlightened as to understand what is meant by individual rights, and so thoroughly versed in therapeutics and the laws of life, that they will feel able to hold their own against error or innovations without evoking the aid of the law. When that day comes, bigotry and intollerance will have been swept away, the differences between medical schools will have been lost to sight, and the never-varying laws of science will be the only laws needed, or asked for, to regulate our practice.

The eighteenth annual medical bill of Rhode Island was duly despatched in the senate at Providence on the 2d of May. The vote for its indefinite postponement was twenty-two ayes to eight nos. It was pushed by a lobby employed and paid by the State Medical Society, and its passage procured through the House of Representatives by careful manipulating of members. In the senate the medical lobby was powerless. It is now proposed to stand no longer on the defensive and resist encroachment, but to take the aggressive and demand repeal of odious statutes now in existence, and a law requiring prescriptions to be written in the English language. Dr. J. R. Buchanan, who has repeatedly given most important help to Liberal Medicine in Rhode Island, also counsels a statute requiring every physician giving a certificate of a patient's death to append the designation of the school of practice to which he belongs. Let the record of mortality be made public, and attempts at medical legislation would assume a new phase.

The Legislature of Massachusettes has still its medical bantling to coddle. The liberal press, the Boston *Globe, Medical Liberator, Banner of Light,* and others, are giving hot blows, and with reasonable success. Rhode Island has spoken by Legislature, Maine and New Hampshire by the supreme courts; let the Bay State have a like voice of Legislature and people, and for freedom alike.

CAPITAL PUNISHMENT.

The rceent defeat of the bill for "The abolition of capital punishment" in the State Legislature, and the general condemnation of the measure by the press, would seem to indicate that our

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people were not yet prepared to divorce themselves from the barbarisms of past ages. Herbert Spencer has well said: "All the barbarisms of the past have their types in the present," and with us the fact is illustrated by the tenacity with which we insist on perpetuating the death penalty for capital crimes.

The defenders of capital punishment base their defence on the claims of *justice, expediency* and *Divine authority.* Justice implies honesty and integrity, and with it we can make no compromise. A law that would be just must in no case injure the innocent; must in no case acquit the guilty. Now, in the face of many well known facts where the innocent have suffered and the guilty escaped the death penalty, on the ground of strict justice can the law with regard to the punishment of murder be defended? Was not the humane and noble Lafayette about right when he said in the chamber of Deputies: "Till the infallibility of human judgment shall have been proved to me, I will persist in demanding the abolition of punishment by death."

Justice demands that we must study a man's mental and physical constitution, make ourselves acquainted with his physiological and psychological heritage and understand his idiosyncrasies, before we determine whether he is or is not guilty of murder. In short it is more a medical than a legal question to determine what constitutes murder in the first degree. We believe that criminals are such because of defective brain structure, and among the criminal classes their associations and education from their earliest infancy compel them to live in an impure moral atmosphere which makes crime natural to them.

Prof. Morez Benedikt of Vienna University, in his work entitled "Anatomical Studies upon the Brains of Criminals," has given this subject a thorough and careful examination. His observations were made on the brains of executed criminals with the view of demonstrating that their anatomical construction and physiological development made them criminals; and he concludes that "an inability to restrain themselves from repetition of a crime, notwithstanding a full appreciation of the superior power of the law (society) and a lack of the sentiment of wrong, though with a clear perception of it, constitute the two principal psychological characteristics of that class to which belong more than one-half of the condemned criminals."

Again this writer says: "*The brains of criminals exhibit a deviation from the normal type, and criminals are to be viewed as an*

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Anthropological variety of their species, at least among the cultured races."

In view of such testimony as this, does not simple justice demand that the death penalty should be suspended till science settles the question as to the mental and moral responsibility of the so-called criminal classes?

When murder is committed when the murderer is intoxicated the brain is in a diseased condition; and when the deed is done under some great provocation there can be no question as to the existence of emotional insanity. In such cases few are willing to say that the death penalty should be inflicted.

The expediency of capital punishment has never been proven, for we have no evidence that it has in any degree prevented crime. Beccaria truly says, "crimes are more effectually prevented by the certainty than the severity of punishment." This is proven by the fact that juries are often deterred from rendering a just verdict because of the fear of inflicting the death penalty. If murder in the first degree was punishable by life imprisonment, verdicts would be more easily obtained, and if there was no pardoning power the person would be prevented from again committing crime. The deterring others from committing crime by punishing convicted criminals, may be left out of the question entirely if we can show that the criminal is such in consequence of the physical structure of his brain.

Now what is the Divine authority for capital punishment? In the fourth chapter of Genesis, 13th verse, we find the following: "And the Lord said unto him (Cain), therefore whosoever slayeth Cain vengeance shall be taken on him seven fold. And the Lord set a mark upon Cain lest any finding him should kill him." Again the sixth commandment says, "Thou shalt not kill." It is true that we are also told that, "whosoever sheddeth man's blood, by man shall his blood be shed." Thus we find as much Divine authority against capital punishment as we find in favor of it.

On the ground of self-defence, the individual or the state may take life as a last resort; but as the state can protect itself by imprisoning the criminal for life there is no longer an excuse for inflicting the death penalty.

If death is inflicted either for revenge or to prevent others from committing crime, the more cruel and barbarous the method the more likely it would be to accomplish the end. If, on the other hand, it is deemed the best way of protecting the community, humanity would prompt us to lean toward euthanasia.

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In spite of all the controversies regarding the use of electricity as the means of putting the criminal to death, scientists affirm that it is much more certain and painless than hanging. But to insure an easy and painless death and one free from the necessity of preparing elaborate machinery, chloroform recommends itself in as more desirable than any other agent.

We trust, however, that the day is not far distant when a more rational idea of the causes that lead to crime and more humane views of its punishment, will become so general as to abolish the death penalty, and make such discussions as have been recently forced upon the public regarding it impossible.

PERSONAL MENTIONS.

DR. S. B. MUNN has transferred his office to his newly-purchased mansion on Leavenworth Street, Waterbury, Conn. We congratulate him on his prosperity. Dr. Munn has fought a good fight with indomitable resolution and inflexible purpose, showing warm friends and hot foes that nobody profited by making war on him. We presume that he will be as cordial as ever, though surrounded by more style, and that the representative of his name will aspire to a higher altitude in society.

DR. WM. H. DURHAM.—The *Atlanta Journal*, of May 7th, has an article describing the heroic act of one of our brother eclectics in the Civil War. Whoever has met Doctor Durham has observed his reticence, unobtrusiveness, and undue diffidence. It may have been easy to pass him over. In his own State and region nobody, however, thinks so. He is a man of stubborn conviction prompted by unwavering earnestness. He is not only the champion but the mainstay of Eclectic Medicine in Georgia and the South. He is as brave as he is quiet, as true to a cause or a friend as the magnetic needle; and just to the core.

The article which we quote depicts the child that was "father to this man:"

"One of the most quiet and least obtrusive citizens of Atlanta is Dr. W. M. Durham. It is known to but a few outside of a small circle that when a mere lad he was conspicuous for his personal daring as a Confederate soldier. At the organization of the regiment (Forty-second) General R. J. Henderson was elected colonel, Colonel R. J. Maddox, at present one of Atlanta's noblest citizens, was chosen lieutenant-colonel, and Col. W. H. Hulsey major. The regiment had a most eventful history, enduring much hardness both in the west and east. Its ranks were composed of the best fighting material, but not one in that gallant array surpassed in deliberate, unshrinking bravery the boy soldier, Billy Durham. Colonel Hulsey remarked to the writer that he hardly knew how this slender, beardless stripling, less than fifteen years of age, effected his enlistment. In a little while, however, it was ascertained that he was not physically able to carry the full equipment of a soldier in the ranks. It was therefore agreed to remove him to headquarters, where he was designated orderly to the acting

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adjutant. In this capacity he was found to be thoroughly reliable and efficient. It was observed that whenever the battle was on he promptly shouldered his musket and went into the thickest of the fight. He was not absent from a single important engagement of his regiment from the date of its organization to its final surrender at Bentonville, North Carolina. At Baker's Creek, Chickasaw Bayou, Resaca, New Hope, in the battles around Atlanta, Jonesboro, Franklin, Nashville, whenever and wherever the leaden storm was fiercest, young Durham was at his post and behaved with the steadiness of a veteran.

"During the latter months of the war, although but about seventeen years of age, he was promoted to the adjutancy of the battle-scarred and fearfully depleted regiment, whose fortunes he was proud to share. Said Colonel Hulsey: 'He was uneffectedly modest, but utterly fearless, whether in the bivouac or on the hard-fought field.'

"His commanding officers relate many things that illustrate his personal gallantry, but the writer shall confine himself to a single incident that occurred during the siege of Vicksburg. In the midst of this protracted siege, when our half-starved troops were closely beleagured and sorely pressed by Grant's well-provisioned army, young Durham performed a perilous deed that saved at least a score of lives. On the occasion referred to, a Yankee battery was heavily shelling that part of the confederate lines where the Forty-second Georgia was stationed. Suddenly there was the shriek of a rifled shell that fell into our entrenchments. As usual there was demoralization and flight. Young Durham, however, with the utmost coolness, seized the shell, the fuse still burning and sizzling, and hurled it over the breastworks, where it almost instantly exploded with a terrific noise. This daring feat of the soldier lad was worthy of Sergeant Jasper, of revolutionary fame. It may serve to remind us of the boldness of DeLorge when, in the presence of Francis I. and his court, he leaped the barrier at a single bound and recovered the glove which a haughty and heartless beauty had cast into the arena as a test of loyalty to her charms. The latter, however, was a foolhardy venture—the former was the truest chivalry.

"Many such deeds of genuine knighthood remain unsung and unchronicled. But it will not always be so."

MEDICAL SOCIETY ANNOUNCEMENTS.

THE WISCONSIN ECLECTIC MEDICAL SOCIETY will meet at Zanesville on June 3d, 1890. A large meeting is expected, and a full delegation to the National is promised.

THE NATIONAL ECLECTIC MEDICAL ASSOCIATION will meet at Niagara Falls, N. Y., on the 17th, 18th, and 19th days of June, 1890. The headquarters will be at the International Hotel, in the spacious parlors of which the meetings will be held.

THE STATE ECLECTIC MEDICAL AND SURGICAL SOCIETY OF MICHIGAN will hold its fourteenth annual meeting at Grand Rapids May 21st and 22d, 1890. The programme sent out by Secretary McMaster shows that a highly interesting meeting may be expected. Every eclectic in the State should attend this meeting.

THE MASSACHUSETTS ECLECTIC MEDICAL SOCIETY will hold its annual

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meeting at Boston, on June 5th and 6th, 1890. The meetings of this society are always interesting, as they are participated in by such men as Drs. Miles, Merkel, Green, Spencer, Perrins, Jewett, Young, and others who have long been known as lights in the eclectic school of medicine.

THE VERMONT STATE ECLECTIC MEDICAL SOCIETY will meet at the State House, Montpelier, on June 4th and 5th, 1890. This will be the twenty-fifth annual meeting of this society, and an interesting order of business is announced. The secretary, Dr. Geo. H. Gray, of East Calais, has issued an appeal to the eclectics of the State, urging them to attend this meeting and take such action as will prevent class legislation, and at the same time protect the society from the imposition attempted by a college which, purporting to be eclectic, had no real existence. The society refused to recognize a diploma issued by this college, and the case was carried to the supreme court. The decision of the court was in favor of the society, and the case was dismissed.

THE ECLECTIC MEDICAL SOCIETY OF MISSOURI will hold its twenty-second annual meeting at Springfield, Mo., June 10th and 11th, 1890. An interesting list of topics for discussion at this meeting is announced in the call issued by the secretary, Dr. M. M. Hamlin, of Gray's Summit.

At the last annual meeting of the society the following resolution was unanimously adopted:

"*Resolved*, that it is the sense of the society, that in determining the eligibility of any future applicant for registration as an eclectic physician in this State justice to our branch of the profession requires that he should be a graduate of a college recognized as in good standing by the National Eclectic Medical Association of the United States; and should be personally endorsed by this society, or a local society in affiliation with it."

PROCEEDINGS OF SOCIETIES.

THE ECLECTIC MEDICAL SOCIETY OF THE STATE OF NEW JERSEY held its seventeenth annual meeting at the Liberal League Hall, Newark, May 8th. Two new members were elected. The financial condition of the society was found to be prosperous. The society ratified the action of the president in subscribing for the *Medical Annual*, to be published by Dr. Finley Ellingwood, of Chicago; and also adopted a resolution to publish a pamphlet of Transactions on its own account the coming season, to contain an abstract of the past action of the society and the professional papers submitted.

The president reported the enactment of a bill to create a State Board of Medical Examiners by the Legislature. Governor Abbett refused it his approval, but let it became a law in its own behest. The legislative bantling prescribes for examiners, naming them, "five Old-School, three Homœopathic, and one Eclectic." Every person to be licensed under it must have a unanimous vote. It may take blackmail to secure such unanimity, or else log-rolling. Doctor D. P. Borden, of Paterson, was elected president, and Dr. Taft, of Newark, secretary. Papers upon a variety of subjects were read and discussed, and appointments were made for the semi-annual meeting in October next. The society then adjourned.

THE CONNECTICUT ECLECTIC MEDICAL SOCIETY held its thirty-fifth annual

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meeting at the Elliott House, in New Haven, May 13th, 1890. The chair was taken at ten o'clock by the president, Dr. W. H. Whitney. The journal of the semi-annual meeting at Waterbury was read and approved.

The president delivered his annual address. It was an epitome of the work accomplished by the association, and suggestive of the policy which should govern its future action. The essayists were Doctors S. B. Munn, H. B. Steele, of Winsted; F. H. Williams, of Bristol; F. Brockway, of New Britain; and Leonard Bailey, of Middleton—veterans of the eclectic cause in Connecticut.

Other papers were read and generally discussed. Several important cases were reported which will receive mention in a future number.

The association is a very energetic body, well officered, and little disposed to waste time and money in pleasuring. It is stalwart in its eclecticism, and has kept its statute books clean from intrusive legislation. It bids fair to be many years before the barbarous medical laws of other States are enacted here.

The following officers were elected:

President—Thomas S. Hodge, M.D., South Windsor; Vice President—A. D. Ayer, M.D., Madison; Secretary—Elizabeth G. Smith, M.D., Bridgeport; Treasurer—La Roy A. Smith, M.D., Haddam; Board of Censors—S. B. Munn, M.D., Waterbury; Byron W. Pease, M.D., Thomaston; Theodore Brockway, M.D., New Britton; E. M. Ripley, M.D., Unionville; I. B. Gallup, M.D., Willimantic.

Drs. Thomas Cleland and Robert A. Gunn, of New York, were elected members of the society.

On motion of Dr. E. M. Ripley, seconded by Dr. S. B. Munn, it was resolved: That THE MEDICAL TRIBUNE be recognized as the official organ of this society, and that the secretary be instructed to furnish the editor with copies of the essays presented at our meetings.

MISCELLANY.

THE MENTAL AND PHYSICAL TRAINING OF CHILDREN.—In the article by Mrs. Waller in the recent number of the *Nineteenth Century*, upon the "Mental and Physical Training of Children," she recommends that two of the best rooms in the house should be set apart for day and night nursery respectively, and that the importance of sunshine and the evils of overcrowding should be recognized in all the nursery arrangements. She advises that the nursery walls should be painted rather than papered, paint being easily washed and disinfected after the attacks of infectious disease, which in every large family are only too likely to occur. As regards clothing, it is pointed out that in spite of modern improvements in this matter, it is still too much the custom to leave the upper part of the chest and the lower part of the abdomen exposed, and that hence come pulmonary affections on the one hand and bowel complaints on the other.

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"It is a fact that not only has the child less power of generating heat than the adult, but that it has also a much larger surface in proportion to the mass of its body, and will consequently be far more susceptible to cold. Cold feet cause a large amount of indigestion, and exposure of the large blood-vessels of the thigh during childhood frequently sows the seed of kidney diseases to develop in after life." —*The Lancet.*

MURIATE OF PILOCARPIN.—The muriate of pilocarpin has come into general use of late in England and is employed in a great variety of conditions. In recent periodicals it has been recommended.

1. To abort colds; the internal administration of 0.02 grm. is said to be sufficient to allay the various disagreeable sequelæ and to restore the patient within a few hours to his usual condition of health (*Lancet* Jan. 4, 1890).

2. To control the convulsive attacks of hystero-epilepsy; for this purpose it is given subcutaneously in doses of from 0.01–0.02 grm. (*Journ. of Nerv. and Ment. Dis.*, April, 1889).

To combat the various forms of convulsions in children; in children under one year it should be given in doses of from 0.002–0.005 grm. three times a day *per rectum* (*Brit. Med. Journ.* Jan., 1890).

4. To relieve many forms of deafness; Prof. Bronner (*Lancet*, Nov. 28 1889) has frequently observed restoration of the normal functions of the ear from the subcutaneous application of pilocarpin. According to him the following are the conditions most susceptible to this mode of treatment: (1) deafness the result of acquired or hereditary syphilis depending upon changes in the middle or internal ear, (2) deafness from hæmorrhage or exudation in the inner ear, (3) cases of chronic catarrh with recurring exacerbations, (4) dry catarrh in its incipient stages.

On the Continent pilocarpin has been largely used for the last eight years and for the most part with good results especially in syphilis, puerperal eclampsia, cerebro-spinal meningitis, tetanus, diphtheria, dropsy from various causes, diabetes, scarlet fever, diseases of the skin and influenza. Its use in heart diseases is apt to be attended with collapse.—*Corres. für Schw. Aerzte.*

A NEW TEST FOR ALBUMEN IN URINE.—Dr. D. Meredith Reese reports, in the February issue of the *Johns Hopkins Hospital Bulletin*, on a test-series of over eighty cases in the course of an investigation as to the applicability of trichloracetic acid as a test for albumen in the urine. This test is a new one, the prominent mention

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that was made of it in English literature being that made in the *British Medical Journal* for November 16, 1889. The reagent may be used either as a solid or as a liquid. According to Dr. Reese, the tests by this substance for albumen in urine were most delicate: the reaction is prompt, the manipulation is not difficult, and no discoloration or colored zone is produced in the specimens.—*New York Medical Journal.*

CHLORIDE OF SODIUM IN FACIAL NEURALGIA.—In the *Edinburgh Medical Journal* for January, 1890, Mr. George Leslie claims that nearly every case of facial neuralgia, toothache, and earache, as well as neuralgic headaches, may be cured by the application of powdered chloride of sodium, common table salt, to the nasal mucous membrane. The salt may be used by the patient as a snuff, a pinch being taken into the nostrils of the affected side, or it may be applied by means of the insufflator. If we examine the list of cases which Mr. Leslie reports, three of supraorbital neuralgia, five of toothache, three of facial neuralgia, three of nervous headache, one of neuralgia following herpes, one of neuralgia accompanying glossitis, cephalalgia accompanying tonsillitis, and one of bronchial asthma, it would appear that chloride of sodium possesses unsuspected properties as a universal panacea. We are naturally inclined to be sceptical as to the properties of a remedy for which so much is claimed, though it is possible that there may be a good deal of truth in Mr. Leslie's claims for common salt.—*Therapeutic Gazette.*

—In a recent case in Philadelphia the judge ruled that in the oath required by a witness, kissing the bible was not necessary to render the oath valid, that it was, in fact, a relic of idolatry, and should be abolished. There are a good many of these relics of idolatry clinging to the forms and ceremonies of life with no meaning, pernicious to health, and which should be abolished. The old duty bible upon which the oath is taken has been pressed to the lips of hundreds in every grade of life. Lips filthy with disease leave their poisonous imprint where, a few moments after, the poison can be transmitted to the pure lips of innocence, tainting the body with a loathsome disease. The custom of holding some sacred object in the hand while taking the oath is of Pagan origin, and is continued simply because judges have never thought of the utter uselessness of the action and of the absolute indelicacy and danger of its being observed. One reason why in the Catholic Church the priest partakes of the wine for the people, instead of the cup being passed from one to the

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other, as in other churches, is undoubtedly that the symbol is just as well carried out, and in a much more cleanly manner.—*N. Y. Medical Times.*

NAPHTHALIN AND CATARACT.—Dr. Kolinski, writing in Von Graefe's *Archiv*, Band XXXV. 2, points out that naphthalin, which is coming a good deal into use from the powerful effect it seems to have on the micro-organisms existing in the intestines in some cases of diarrhœa, possesses also the property of producing changes in the nutritive power of the blood, thus being liable to set up degeneration of the blood-vessels. As the eye is one of the most highly vascular organs, it is one of the first to show any of the changes induced by interference with the nutritive property of the blood. Naphthalin is said, first, to cause small extravasations in the choroid and in the ciliary body, then ecchymoses and white patches in the retina, and finally cloudiness in the lens and crystals in the vitreous.—*Lancet*, November 16, 1889.

A CAUTION ON SOAPS.—In the treatment of skin affections soaps invariably make matters worse. There is no gainsaying the fact that there is but one soap fit for the human skin, and that is one which is superfatted. Dermatologists are in union upon the point that rashes, pimples, and, indeed, most skin affections, are often induced, and almost always aggravated by the soaps in common use. Some of the highly-scented soaps in the market are as objectionable as they can be. Science has now given us a soap devoid of free alkalies, and containing some free cream, instead of free alkali to irritate and inflame and dry the skin—*Dr. Miner Fothergill.*

CHOLERA MORBUS VS. HOMICIDE OR SUICIDE.—Dr. W. S. Janey (*Medical and Surgical Reporter*) says: No healthy man or woman ever dies in this climate from cholera morbus That is, persons of average strength and vitality and with no organic disease, dying with symptoms of cholera morbus, always die of poisoning, usually arsenic. All persons of previous good health, dying of cholera morbus, should be examined for poison which has probably been taken with criminal intent.

A REMEDY FOR THE GALVANIC TASTE.—Dr. Leslie Phillips (*British Medical Journal*) has found that a little pinch of coffee chewed from time to time is an efficient antidote to the disagreeable taste consequent upon galvanization of the head and neck.

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The Medical Tribune.

ROBERT A. GUNN, M.D., EDITOR.

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INSANITY: ITS CAUSES AND PROPER TREATMENT.

IN childhood I once was reading a novelette in our weekly newspaper, when I came upon a scene in which the hero of the story was depicted as having refused to surrender his father's will to the man who had seized upon his estate, for which he was entrapped and placed in a madhouse. Next day his persecutor visited him and offered to liberate him on condition that he would give up the paper. This not being done, he utters the threat: "Remain here then, your entire prospect, these four walls; your clothing, chains; your only sport, the lash; your only hope, the grave!"

This was fiction, it is true; but no fiction finds place acceptably in our literature except it is a copy and similitude of fact. It is a characteristic feature of our era and even of our civilization, that the insane person has been to a great degree a virtual outlaw, for whom courts and legislation afford little protection. The Constitution of the United States declares that no person shall be deprived of life, liberty, or property without due process of law, and that no State shall deprive any person of life, liberty, or property without due process of law, nor deny to any person within its jurisdiction the equal protection of the laws. Yet in the face of these provisions the certificate of one or two medical men has been regarded as sufficient to warrant the arrest of any individual, his incarceration in a lunatic asylum, and the taking from him the right to manage his own property.

An example in Philadelphia several years ago, one selected from a multitude, is an illustration of this fact. A man was conveyed to the Frankford Lunatic Asylum, kept a close prisoner, denied the usual privileges of the establishment, and refused all intercourse with everybody who had known him. No reason was offered for this atrocious treatment, except that "such were the

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instructions of his friends." He had been imprisoned upon the certificate of a physician who had never been his medical adviser, and who had not seen him for four or five months previous to the time when it was granted. The man's wife was party to the proceeding. His property was sold at public auction, and his books, furniture, and clothing divided among the individuals who had conspired for his kidnapping and incarceration. An uncle of the unfortunate man waited upon them with remonstrances, and was met by the threat that if he dared make any attempt in the case, they would proceed against him too as insane, and so blacken his reputation that he would not be able to walk the streets.

Such a threat is not without force. In the early part of the century a surgeon of high professional standing in London refused to declare it his belief that the valet of a Royal Duke had come to his death by suicide. At once the innuendo was stealthily whispered that he had exhibited symptoms of insanity, and as a consequence, his professional practice began to diminish, and continued to fall off till it became a pittance, and he died in reduced circumstances.

This inmate of Frankford Lunatic Asylum did finally escape, and afterward instituted proceedings for damages. The testimony at the trial abounded with fearful disclosures, both against his persecutors and against the officers of the asylum. Signatures were denied, orders repudiated, minutes kept back, records vitiated or altered, letters destroyed which would have proved the man's sanity and the entire scheme of the conspiracy—*burned while the trial was going on*, so that they might not come up in evidence. One manager testified that the superintendent could not look beyond the papers of admission, and had no power to discharge an inmate, no matter how long his cure had been established, except by consent of the friends who had placed him there. Another manager declared under oath, that "on the mere certificate of any doctor whatever, he would consign any one of the hundreds then in the court-room to incarceration in the Frankford Asylum!"

In another instance a man of an æsthetic and literary turn of mind, fond of books, pictures, and elegant furniture, was arrested on the certificate of a physician who had not seen him for seven weeks, and was conveyed to the Pennsylvania Hospital for the Insane. After strenuous efforts, he was liberated, but to find that his property had been sold and the proceeds divided by his creditors, who had instituted the proceedings.

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We can enumerate such cases by the score near home. They have their precedent in the *lettres de cachet*, or royal warrants, that Louis XV., of France, furnished in blank to his concubines and other favorites, by which they caused individuals to be arrested, without allegation of crime, and incarcerated in the Bastile, often never knowing why.

In this matter we have a right to demand legislative protection. Only persons proficient in such matters should be asked for opinions and expert evidence, and then from actual knowledge; and the rulings of the court in proceedings for lunacy should always be, as far as prudent, in favor of the person accused. A trial by jury should be always afforded. When the widow of Abraham Lincoln was arrested at Chicago, May 19, 1875, a jury was impanelled, and she received a trial by due process of law.

In addition to this, there should be an efficient system for the visitation of asylums, and every reasonable opportunity afforded for the inmates to prove their fitness to return to the outside world. All proceedings taken in such cases should be subject to review, and where the evidence has been insufficient and the motive of the prosecution unworthy, somebody else than the person whose liberty has been assailed should be made to bear the expense.

The present jurisprudence of insanity is a blotch upon our civilization. It directly contravenes the purpose of civil government; it creates general insecurity of person and property; invests irresponsible physicians and magistrates with extraordinary powers; and deprives persons of liberty and property without due process of law. In former centuries when there were proceedings for witchcraft, individuals that were in any way obnoxious were never more in danger than those now accused of this malady.

Yet while we deprecate the arbitrary character of the jurisprudence of insanity in many of our States, we must in candor acknowledge that there have been causes which opened the way. Our lunatic asylums it should be borne in mind were never established for the purpose of enabling individuals to get rid of obnoxious relatives and neighbors. They were devised by individuals of philanthropic motives, as substitutes for the jails and poor-houses where lunatics were formerly kept, and the more violent of them chained and confined in cages filthy beyond description, sometimes utterly naked, and often with insufficient clothing, food, or other comforts of life.

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Besides, numerous as our asylums are, they do not meet the demand. New ones almost as soon as they are built and opened are filled up with inmates. Sad as is the fact, humiliating and even incredible as it may seem, we must acknowledge that insanity is probably an inevitable result of our form of civilization. It certainly seems to be a characteristic feature. It increases upon us year by year in greater ratio, and some effective plan of melioration must be employed to diminish and alleviate its causes, else we cannot predict where the evil will stop.

These causes exist on every side. We can enumerate many, but the number is legion. The inordinate passion for wealth is itself an insanity. So, too, is any uncontrolled or perverted passion. The causes chiefly active among us are included under such heads as unwholesome personal habits, worrying over affairs, the confining of the attention too exclusively to a single employment, despondency, disappointment of cherished purposes, sensual indulgence, the use of narcotic drugs, and hereditary infirmity. The cases meet us on every hand, of men who had been actively engaged in business, till past middle life, who then suddenly left off and became inactive, presently succumbing to nervous disorders and softening of the brain. Our more modern modes of employment, many of them, confine individuals to a single kind of work, thus tending to concentrate the attention fixedly and develop monomania. We have observed this in reform and religious movements. They are generally began and operated by individuals who have fixed their thoughts so closely upon one culpable thing, that it seems to them to fill their entire horizon. The same thing is however more common nowadays in the business world. Agricultural life seems to be a hot-bed of insanity. This is probably due to the terrible monotony and to the smothering of the hopes and ambitions that make the mind buoyant and active. Worry and anxiety are more or less certain to destroy the mental equilibrium. "Hope deferred maketh the heart sick," is an axiom that needs no demonstration. We all of us have experienced disappointment in some form, which was a vital matter in our thought, and so we know how it seems to extinguish the very light from the universe.

Every day corporate enterprise is extending its arms like the octopus, and wresting from individuals their employment and opportunity. Anxiety thus produced is very apt to result in confirmed

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hopelessness and despair. Despondency easily degenerates into melancholia, becoming a fixed condition.

Such causes as these are principally external. Others more common and in results more terrible, are incident in the individuals themselves. We need only to cite the long array of personal indulgences. Insanity is a disease of physical debility, and always attended by functional disorder of the body. How many find the table a snare, and nourish morbid conditions by the food which they eat. Henry Ward Beecher doubted whether a man with a dyspeptic stomach could be a Christian. We leave others to solve that enigma; but certainly in such cases we are justified in distrust of the soundness of mind and judgment. Close at the wall of the stomach is the great central solar nerve-ganglion, the oldest in the body, and both parent and sustainer of every corporeal structure. Weakness at the beginning of the digestive process, assures debility in every physical function. From this ganglion the brain derives its entire vital energy; so we need ask no more questions. If the function of the brain is to furnish a physical instrumentality for the intellect and understanding, the function of the great solar ganglion is to afford a corresponding agency for the affectional and emotional nature. We do not do wisely then, in underrating that quality of our being. It is what Goethe denominates the *ewigweibenliche*, that leads us to the better life. Disorder in that department of our corporeal structure is an accompaniment to mental disorder. Let it be carefully borne in mind that the mental disorder of which we take account is primarily and substantially emotional, and only later and subordinately intellectual. The emotions which seem to be most common in producing these deplorable results are those of discouragement, fear, grief, anger, and perhaps one of the worst, wounded self-consciousness. In a well-balanced condition of the mind, under the ordinary conditions of life, the play of the emotions is controlled by the will; and so, when trouble seems to preponderate many are able to bear up against the pressure. It is only, therefore, when the will is weak, that impulse masters the power of self-control, and disordered mental action is exhibited.

From hysteria and hypochondria clear to hopeless insanity this is the great trouble. Emotion acting upon an exhausted nervous system will produce chorea. The Bacchic festivals of ancient Greece filled that country with St. Vitus' dance and epilepsy. Emotional causes will aggravate palsy and even occasion apoplexy.

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Dr. William Murray, of Newcastle-upon-Tyne, declares that "Insanity is well known to result from this cause;" and he adds: "Even when insanity is not reached, the reasoning faculties may be diseased, volitional power shaken, and more or less imbecility of mind produced."

Dr. J. C. Davey, long the superintendent of an insane asylum in England, declares that insanity is evidently a disease of debility. This is his statement: "Debility is at the root of 99 per cent. of mental disorders; and the insane are very liable to all varieties of perverted and enfeebled action of the ganglionic centres, to 'fulness,' 'heat,' 'cold,' 'a sense of sinking,' etc."

It may be well to remark that certain of the drugs now favorites with medical men not only tend to derange the functions of the body and produce paralysis and even simulate death, but they also unfit the body and brain for their offices as instruments of the mind.

In the days of mediæval witchcraft they were employed, it is said, for "magic purposes." In Oriental countries opium and hemp or hashish are taken for these very objects. Stramonium was used to produce rapture and ecstasy. The aim with these drugs is to suspend or modify the functions of the body, rendering the "will" quiescent, and producing a prophetic or religious fury. Aconite has also its peculiar influence. Van Helmont's description of the effects of a minute dose upon himself is very interesting. He felt as though his skull had been compressed by a string. The faculties of thought and reasoning, which are generally recognized as functions of the brain, appeared to have forsaken his head and to be active at the pit of the stomach. He perceived that movement and sensation continued to take place from the brain, and that the governing power of the soul was there, but the other faculties had taken flight.

Other drugs which have been esteemed for these uncanny objects were betony root, hyoscyamus, belladonna, marjoram, arum, ground ivy, some varieties of mushroom, and other narcotic plants. Few of these can be used to any considerable extent, without entailing an injury upon the body and nervous system from which recovery often does not occur. Whether chloral, which now seems to constitute a prominent article in the pharmacopœia of lunatic asylums can be recovered from, after having been taken to any considerable extent, I do not believe. The endeavor made by managers and physicians of some of these insti-

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tutions to convince the public that they make very little use of it appears very significant. Coca is a candidate for favor, but is likely to incur a like ignominious celebrity. Nor is quinia, now so generally popular, and given pretty indiscriminately, a medicine as safe and innocent as many imagine. We have cases of cinchonism, chloralism, and other pitiful drug-insanities, as well as alcoholic delirium.

Several of these drugs will produce cataleptic conditions, which sometimes simulate death. It would be proper to sound the alarm on that very account. The examples of Dr. Tanner in New York and Mr. Griscom at Chicago, in 1883, show that human beings can survive many weeks without food. The experience of Hindu fakirs further demonstrate that life may come to an apparent stand-still and the individual be entombed, and many months later be taken out and resuscitated. How do we know that some of our own circle of friends or acquaintances may not have been drugged to catalepsy and buried alive in that condition?

The influence of alcohol needs no extended notice. We can read enough about it in our current literature. Like the drugs which have been mentioned, it has its medicinal use; and it is the departure from that which works the mischief. But like other indulgences which pass the limits of wholesome enjoyment, it is very certain to disorder the body permanently, and if the individual seems to escape ill effects his children and later descendants do not. There will be very frequently a deterioration of vital stamina which is manifest in them as debility; and mental obliquity and infirmity are likely to attend.

One more great cause ought not to be overlooked. Inordinate passion of every sort is itself a madness. We know it to be so of anger, and hence how often we call an angry person *mad.* Then love, too, the mightiest of all emotions, and its great counterpart, hate, are potent disturbers of the mental equilibrium. Fear will make an individual unable to reason. Jealousy in its power to pervert the judgment is a monster. Despair in its energy for evil is terrible. All these passions have their bodily seat at the epigastrium, in the great nerve-ganglion there, which is the beginning of the body and its seat of life.

A habit of mind which we are too apt to overlook in ourselves and others has also much to do with this pernicious affection. It is that of dwelling upon our feelings and conditions. We all know

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how true this is of hysteric and hypochondriac patients. A disordered imagination permitted full sway will overturn the whole moral nature, and sweep away with it both judgment and understanding. Even morbid conscientiousness is potent in this way. The individual is prone to dwell upon some real or imaginary wrong-doing, till the consciousness of it takes possession of his whole mind, and he loses self-control. In many cases a reaction fortunately occurs, and a glow of joy and rapture succeeds to the fearful depression. But in other instances this intensified feeling culminates in despair and insane fury, and the individual will rave and commit violence of the very character that he had before imagined.

When we let our imagination drift at the impulse of every mental suggestion, especially at the promptings of inordinate love of applause, jealousy, greed, or even purer affections, we give up our sanity and make ourselves a prey, not merely to vain imaginings, but to more terrible guests.

With this cursory glance at the causes of insanity, we may now consider what will be its proper treatment. Plainly, this should relate to the causes of disorder. It should be both moral and remedial. We may accept suggestions from our observations and experience in the outside world. We find out that controversy never convinces any one of the falsity of his belief, and may reasonably infer that to attempt to reason an individual mentally disordered out of the fact of his delusion or hallucination is sheer folly. Whatever the mental condition it is far better to treat everybody as rational. The undue excitation of anger or any other emotion will not only destroy moral influence, but aggravate the disorder, and postpone final recovery.

How far it is wise to restrain affected persons of their liberty is a difficult question. As a matter of self-protection we must secure ourselves against personal injury, or the risk of injury. Hence, doubtless, the restriction of freedom to an extent which will prevent crime, violence or disorderly conduct must be considered proper and necessary.

We could consider this proper in the case of a wayward child; and insane persons are but children once more in their minority.

Yet it should be borne in mind that *the sentiment of liberty is a sacred one*, and not to be outraged for insignificant or insufficient reasons. Any high-minded individual instinctively resents every

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attempt at its infraction. Very few of us, if we were incarcerated as insane, would be careful enough of our conduct to keep ourselves from acting as though the allegation was true. It is easy, then, to perceive that the imprisonment of persons actually suffering from mental aberration has the worst influence. We should resort to it, therefore, only in cases of actual danger or necessity.

If it is a reasonable thing to do otherwise, the patient should not be sent to a lunatic asylum. In fact, hospitals are not fit places for persons who can do better than go to them. The influence of one disordered individual upon another is very generally unwholesome. An hysterical person will induce hysteria upon others; chorea will run through a multitude; an epileptic will disseminate epilepsy; and mania or hallucination in the various forms will more or less incite sensitive patients to like abnormal manifestations. The displays of dancing mania during the Middle Ages are matters of history. Individuals engaged at their usual employments would abandon them when the troops of possessed persons came along the streets, and join the besotted multitude. Even armies of children forsook their homes and set out for the Holy Land to rescue it from the Turks. In more ancient periods, the individuals attending at the festivals of the Great Mother and the Slain God, were wont to become frantic and hallucinated. The very name of epilepsy was anciently "the holy disease," because it was so common at the religious processions and assemblies; and *chorea* received its designation from the choruses that used to dance infuriated around the altars of the gods.

We have the explanation of Dr. Benjamin W. Richardson, of London, perhaps one of the most accomplished of physiologists and intelligent psychologists, that every individual projects from him a nervous atmosphere which extends to a considerable distance in every direction. It is obvious, then, that in assemblages of excited persons, there will be a commingling of their nervous atmospheres, which will tend to intensify their excitement till exceedingly abnormal conditions are produced. The collecting of insane patients into large hospitals will, from a similar cause, operate powerfully to aggravate their several maladies, and even to render them incurable.

In regard to medical treatment, it should be carefully restorative. The chief physiological difficulty with the insane patient is the imperfect nourishing of his bodily organism. The functions

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connected with nutrition are not duly performed. We have already noticed dyspepsia and consequent debility as operating to produce mental disorder. The intestinal system shares in the general derangement; its glands do not properly separate the disintegrated material from the blood, and the impaired peristaltic action results in accumulations of bile and urea, two most energetic agents to create disease. These conditions should be attended to when present.

It is of the greatest importance to promote sleep. This is the natural restorative of the body; and all the processes of nourishment and secretion are then most active. Emanuel Swedenborg says that the soul is then released from its duty in the brain, and goes through the body repairing its waste and lesions, and restoring the normal condition. It is hardly necessary to add a deprecation of the use of narcotic drugs to produce sleep.

In short, insanity is a disorder of the volitional nature, attended by moral and physical disturbance. Whatever, therefore, impairs the force of the will does so much toward rendering the individual not a moral agent. The emotional department of our being is the chief seat of the mischief; and the impairment of vital energy the first physical departure. Then the blood fails to nourish the brain and to remove waste material from it. That structure is accordingly atrophied and at the same time loaded with effete and morbid substance. The rational soul finds the machinery out of order, and incapacitated for normal function.

In contending with such a state of things we have a legion of devils to deal with. I would therefore have no moral, religious, or medical quackery in the matter. The medication should be simple, the purpose being to soothe irritation, promote functional activity, and produce normal sleep.

The aim of the true alienist is to restore the patient. The means to be employed shall always be recuperative. Every agency likely to create emotional disturbance should be kept out of the way. Administer no drug likely to react prejudicially; let there be no discourse that is of an exciting or depressing character; let repugnant individuals be kept out of the way; and let care be taken to obviate and prevent the rousing of the passions of hate, anger, jealousy, envy, hopelessness, or any inordinate emotion.

The patient should be kept busy at some employment in which

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he takes deep interest; always stopping to rest at the very moment that he experiences a sense of fatigue. The Jesuits are said to have a rule that none shall keep longer than two hours at the same work. It is a most excellent one, and should be observed by every one. It would entirely obviate that condition which degenerates into monomania, and would be beneficial as a preventive to other forms of mental disorder. In the care of the insane, the hallucinated, hysterical, and hypochondriacal it would be invaluable.

If the insane person can be removed from the scenes where the trouble began or was aggravated and placed in the company of an individual of strong will, equable temper, kind disposition, watchful and discreet, who can exert all necessary authority without seeming to do so, much of the trouble of this character would be obviated, and generally he would recover. In Belgium there are cottages for the reception of such patients where they are secluded and their care is had with direct reference to recovery. Whether the method is all that can be desired I am not able to say; but it must be a vast improvement on hospitals.

Yet, with it all, I would fall back upon the words of Macbeth's physician: "Herein the patient must minister to himself." It is our place to help, not to do for them. In the New Testament faith seems to have been required even for what we denominate miracles. I am not disposed to agitate religious questions or dogmas, nor to ignore the religious element in our nature. But faith as I understand it is more than mere assent and passive receiving of an idea or statement. It is an active quality of purpose and resolve. The patient whether a lunatic, or the object of some other malady, must participate in the active volition of his own recovery. He should be treated like a responsible human being, and so far as in us lies be made conscious that he is such. While we are aware that a morbid egotism or self-consciousness lies at the bottom of his trouble, we should seek to rouse him to a vivid sense of self-respect. If he imagines himself suffering from some fancied ailment, or that he is the victim of conspiracy or persecution, or that he is in the presence of some fancied personage, let him be quietly shown that he is in error. The next phantasy after this one will be less fixed. The like course may be pursued with the next, and all succeeding ones. Self-respect will be gradually attained, and, with the improvement of bodily health, the derangement will pass

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away. As the mind recovers its equilibrium, the emotions will come under subordination to the will, the abnormal phantasms will cease or will be intelligently recognized as objective images of mental conceits, and the individual thus set free from his terrible infirmity will return to the society of his fellows redeemed and made whole.

ALEX. WILDER, M.D.

CHOREA AND ITS TREATMENT.

PARADOXICALLY our greatest success in the management of chorea would be in its prevention. If the silly idle stories of elders told to children, and the unnecessary and pernicious threats resorted to terrorize children into obedience and subjection were unknown, we would find fewer unstable brains and expectant nervous systems awaiting but a slight exciting cause to start them in the gamut of functional nervous disorders. Chorea may be due to certain local or constitutional predispositions in many instances, but in many it is directly traceable to some immediate exciting cause or to where some sudden and profound impression of an emotional nature has put into disorder an imperfect nervous system. In my clinic where most of the children are from the poorer classes, chorea is one of the commonest nervous affections, and in a majority of my cases a cause can be traced, *e. g.*, being locked alone in rooms all day while the parents are at work ; children being left in the charge of older children who worry, annoy or even terrorize them—being deprived of food for misdemeanors—and this most potent factor and frequent mode of punishment, the placing of children in the cellars or dark closets where vermin or rats may possibly be present or suggested. In other words ; if at any time in the early development of a child it has been thoroughly frightened and the memory of that fright remains, "a nervous predisposition" has been induced and always renders that child liable to nervous disorders whenever the external stimulus is sufficient to arouse this unstable nervous system. Close observation of the various forms of chorea makes one believe that it is a brain-disorder, probably of the cerebral cortex, or produced within the influence of the internal capsule (the place of gathering of all the motor fibres from the cortex just before forming the crus cerebri and pons) and its surroun-

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dings. Morbid anatomy has been mostly negative, though recently Elischer reported a case where he found softening in the motor cortex; Jackson, Fox and others, cases of softening in and about the corpus striatum; Gray and Tuckwell, cases of disease in the anterior and middle convolutions. The older observations of various conditions of the brain and spinal cord cannot be considered in the light of our present knowledge. Many theories have been warmly advanced and upheld but the great advances made in cerebral physiology in the past decade have left most of them far behind.

Nothnagel urged that chorea was a disease of the medulla and experimentally he proved a spot in the fourth ventricle—known as "Nothnagel's Convulsive," where irritation was always followed by convulsive movements. Nothnagel's theory is a fascinating one, for it is well known that at certain times, certain parts of the medulla oblongata, including the vaso-motor centre, acquires the power of periodically producing vascular changes which lead to explosive or convulsive discharges in the motor nerve-centres, Hughlings Jackson, since followed by Ferrier, Gavers and others, claimed that the disordered movements were caused by "discharges" or explosions in the cerebral cortex, and that all special forms like chorea, facial tic and what may be termed localized convulsive movements are dependent upon interruption in conduction through either the motor cells or the motor conducting strands. As these movements seem to be mostly "direct," it is probable that they are produced without any material agency of the spinal cord. In fact the agency of the spinal cord has been much exaggerated in these disorders, which are not dependent upon "reflex" conditions.

In certain clinical cases observed, where the movements are unilateral or involved certain special muscular groups, the diagnosis can be made easily, and the localization in such cases would be in the cerebral cortex (motor convolutions), pyramidal tract or basal ganglia of the *opposite* hemisphere. The relation between chorea and rheumatism and cardiac disorders has long been considered an important one; and many clinicians still advocate the embolic origin of chorea. True, autopsies in a limited number of cases (Dickinson, Wilkes) have demonstrated the embolism in the distribution of the middle cerebral artery. The theory is one that is most plausible, for it so readily explains why the disordered incoordinated movements of face, tongue, arms and legs are caused by

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a local focus imitating the motor convolutions which are the seat of origin for such movements. That embolism does not supply the link is shown by its infrequency when chorea is present, and further by the exceeding infrequency of chorea when embolism is present. It is reasonably certain from the proportion of pericarditis that the endocarditis of chorea is often of rheumatic origin. We do not know as yet what the process is that connects chorea with rheumatism. Though certainly a good percentage exists, still I think most clinicians will agree that in the majority of cases of chorea associated with cardiac troubles, the chorea has appeared first. This anterior development is opposed to any casual relation and is, I think, fatal to the theory of the embolic origin of the complaint.

Koch, who has spent much time in the study of chorea, differs materially from almost all authors. He believes that it occurs most frequently between 7 and 13 years and in the winter months (Gray and Weir Mitchell long ago noted that just after snow storms all choreic patients became worse and many new cases developed), 22 per cent. in December. Regarding etiology he does not take much stock in heredity, but he insists upon the influence of strong psychical excitement (22 per cent.); 18 per cent. of his cases being associated with rheumatism and 14 per cent. with cardiac troubles. He formulates three hypotheses: 1. Chorea is not to be regarded as a neurosis, for many facts suggest that it is an infectious disease. 2. The choreic virus attacks especially the pyramidal tract, the cerebral rather than the spinal portions. 3. The choreic virus is related so closely to that of articular rheumatism that either form of disease can be caused by it. Endocarditis is closely related to chorea and if in any case it precedes an attack of chorea the endocarditis may in that case be considered as due to the choreic virus (?) (*Archiv. für Klin. Med. Ba.* 40,506). These views seem very ultra from the standpoint of most of the English and French pathologists, but lately the Germans seem determined to make septic infection a cause in many nervous diseases.

The treatment of chorea has included almost every known drug, and it is most interesting to look over its therapeutics for the past fifty years as a reflex of opinion and progress in nervous diseases. Following Trousseau and his school, strychnia in its various forms was consided the remedy *par excellence.* In a recent article (Infantile Paralysis, MED. TRIBUNE, May 1890.) I gave my reasons why

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strychnia was useless as a nerve-remedy solely. Approached from the side of the rheumatic theory came colchicum, the potassas, Cimicifuga, etc.; arising from genital irritation came blisters, actual cautery, camphor, iodides, etc.; then Hufeland lauded white oxide of zinc; but to Runberg belongs the credit of introducing the only remedy that appears to have the slightest effect upon chorea, and if this is conscientiously given and intelligently increased and watched, will cure the majority of cases. I refer to Fowler's Solution, given in three-drop doses in considerable water three times a day and gradually increased, drop at a time, up to twenty or thirty drops or to toleration. Next to arsenic the essential is absolute rest. Children who are kept in bed, their clothes being kept away or locked up, soon lose their movements and the disease is materially shortened. The diet should be light—principally milk, eggs and vegetables, meat not oftener than once a day and then never at night. All sweets and pastry should be eschewed. The salicylates and antipyrine have not given satisfactory results. The tincture of Cimicifuga in ten or twenty-drop doses several times a day has been faithfully used at the clinic, but really I am in doubt as to its action. It certainly does not give the brilliant results of arsenic. Of all the abused as well as lauded remedial agents, electricity has had its share. Erb (*Handbuch für Elek.*) says: "I have failed especially in long-standing cases in adults; but, on the other hand, it appears to me that recent chorea in many cases in children may certainly be favorably influenced and in many cases cut considerably shorter by electricity." Berger and Stöhrer recommend mild currents. Mentz Meyer, on the other hand, treated his cases with 24 to 30 times repeated closures of a strong current. Leube reports good results with strong currents. I am in the habit of using medium currents, placing the anode (positive) pole on the top of the head and the other pole on the epigastrium and allow a gentle current of three to five milleamperes to flow for five minutes. I never reverse the current, and caution should be exercised that the electrodes are in position before the current is turned on and gradually to reduce the current to zero before removing them. If any metallic taste, flashes of light, noises in the ear or dizziness is complained of the current is too strong.

ROBERT SAFFORD NEWTON, M.D.

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THERAPEUTIC PROGRESS.*

DURING the year just passed many advances have been made in every department of medicine, and I trust that a brief review of some of the more recent ones in therapeutics may prove of interest.

A careful examination of the medical journals of to-day leads me to note the great neglect of physiological proving in studying drug action. The therapeutic advances I am about to refer to are therefore, not always founded upon drug-provings, but largely upon empirical discoveries, which may, however, be none the less valuable.

Antifebrin, or Acetanilide is comparatively a new remedy, the first account of which was published in 1886, by Cahn and Hepp; and since that time hundreds of papers have been written about it, and our medical journals have recommended it for a great variety of disorders—indeed it seems to have been one of our latest medical fashions.

Its physiological action is now well known, and should be studied before administering the remedy.

On the nervous system it acts as a stimulant, sedative and hypnotic. It causes prickling and irritation of the extremities, followed by lassitude and loss of power; relieves neuralgic pains in the limbs, and causes vertigo, deafness and mydriasis.

Its action on the circulatory system is to diminish the hæmoglobin and stop the amæloid action of the white blood-corpuscles. The heart's action is at first quickened and strengthened by its use, then slowed and weakened. In fevers moderate doses slow the heart; in phthisis they slow and strengthen it. Except when given in small doses, collapse is liable to ensue in all diseases attended with debility, and its continued use causes anæmia.

Some authors state that it increases the frequency of the respiration, while others assert that it diminishes it and paralyses the terminal respiratory nerves. Large doses cause vomiting, and Caldwell has found it to act as a diuretic. Sepine found the pains of locomotor ataxia and the trembling of scelerosis to be relieved by two doses of eight grains each. In a report of thirty cases Caldwell found that it at once checks the chill and fever of

*An address to the Connecticut Eclectic Medical Association, delivered by President William H. Whitney, M. D., May 13, 1890.

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phthisis and quiets the nervous system. The dose should be from 5 to 10 grains taken in or with a stimulant, night and morning.

Agaricus is a new remedy that has been used with much success in the sweating of phthisis. It is deserving of a careful trial.

Amylene Hydrate was introduced to the profession as a new hypnotic by Prof. Von Mering. It is a clear, colorless liquid, somewhat oily and having a slight camphor-like odor and an aromatic taste. This remedy is more certain in its action than morphine, producing sleep in 80 per cent. of the cases in which it was given. In doses of 40 to 80 grains it produces sleep, but, according to Dr. H. A. Hare, it does not relieve pain. The medicinal doses produce no derangement of the digestive, respiratory, or circulatory organs; and can, therefore, be safely used in heart diseases and digestive disorders. In tabes mesenterica, it greatly diminishes the lancinating pains; and in tuberculosis, gastric ulcer, and rheumatism it also relieves pain. In chronic morphinism, alcoholism, epilepsy, and cerebral softening it is useful as a sleep producer.

Antipyrine has been in use about five years, and been prescribed for almost every imaginable disease. It is given in doses ranging from five to fifteen grains, and its effects vary materially in different persons.

Its effect on the nervous system is to produce numbness, headache and giddiness, buzzing in the ears and sleepiness. Small doses act as a soporific, while in large ones, it is a nerve stimulant.

Large doses at first increase the blood pressure and afterwards reduce it and finally paralyse the heart action. On the respiratory system it causes irritation of the nasal, pharyngeal and laryngeal membranes, and produces violent cough, coryza, tightness across the chest, loss of voice and difficulty of breathing. Its action on the skin tends to produce itching, urticaria, swelling of surface and perspiration. The digestive organs are disturbed, often to the extent of causing acid eructations, nausea, and severe gastro-enteritis. It also causes catarrhal inflammation of the eyes, while incontinence of urine is a frequent sequence from its use.

In hyperpyrexia a full dose (10 to 15 grains) of antipyrine should be given and repeated at intervals of half an hour. In hemicrania and migraine the dose is from 3 to 8 grains at intervals of an hour. In neuralgic, rheumatic and post-partum pains and as a preventive of sea-sickness this remedy is of great value. Its poisonous

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effects are most frequently produced in persons not suffering from fever. A five per cent. solution is said to prevent putrefaction.

And now a few words about a much older remedy—words that may lead to the more extended use of a valuable agent for a devitalizing condition. I refer to *Sulphide of Calcium*. This remedy has been in use for many years as an antagonizer of suppurative action. In large doses it increases suppuration in boils and abscesses; but in small doses will abort incipient abscesses. In one hundred cases of leucorrhœa not depending upon ulceration, and unassisted by local treatment, sulphide of calcium produced a complete cure in doses of from one to three grains, night and morning. It is also of value in vaginitis, rhinitis and catarrhal deafness. For arrest of suppuration the dose is one-hundredth of a grain, for hastening the process one-half grain should be used. It is best given in pill form. It does not dissolve, but decomposes when placed in water.

Helleborin has been used recently as a local anæsthetic, proving of much value in operations on the eye. Four drops of a one-hundredth per cent. solution produce complete corneal anæsthesia lasting for half an hour. When combined with cocaine the anæsthetic action quickly disappears. This fact would seem to open an interesting question as to the antidotal properties of helleborin and cocaine.

The anæsthetic action of the drug may be continued for a period of twenty-four hours by combining it with erythrophlœine; but as both these remedies have a very powerful action upon the heart, great care must be employed in their use. *Cocaine* has one marked advantage over these remedies in that it produces a contraction of the blood vessels and really lessens congestion and inflammation in the parts to which it is applied through this constringent action upon the blood vessels. I have found cocaine of great value in inflammations of the conjunctiva, of the external auditory meatus and of terminal nerves: acting evidently by its power of contracting the blood vessels.

Hyoscine has been studied to a slight extent recently; and is proven a powerful hypnotic, useful in maniacal excitement, but succeeded by some disagreeable after effects.

Iodoform has been before the profession so many years that it cannot be considered as in any way a new remedy; yet I introduce its discussion because recent investigations have made

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known to us much more of its range of action than was suspected a few years ago. I speak particularly of its physiological effects.

It causes erythema, eczema, and purpuric patches. The erythema and eczema develop at an early day; but in my experience the purpura is of late appearance. Its effect on the nervous system is shown by loss of appetite, delirium, sleeplessness, weak, rapid pulse, fever and emaciation. It also causes vomiting, thirst, and dysenteric diarrhœa; pain in kidneys and bladder, and sometimes urinary suppression; and hoarseness, aphonia, pneumonia and even hæmoptysis sometimes follow its use. Induration of cervical glands, atrophy of lymphatic and mammary glands and testicles, and palpitation of the heart are also produced.

We have here a series of symptoms due to the physiological effects of iodoform (and I might say of iodine)—symptoms analogous to those of acute tuberculosis and of multiple abscess. Yet iodine in some of its combinations is the much lauded remedy for these conditions. Does not the physiological study of drugs furnish us a key to their pathological application?

Nerium Odorum, or sweet-scented Oleander, has been studied by the homœopaths to some extent; and but little outside of that school of practice. Lately many cases of poisoning by the injection of the plant have led to its study by other physicians. A short study of the drug is given in *Merrill's Digest of Materia Medica.* He recommends it in minute doses as a remedy for "irritable conditions of the digestive organs with functional impairment, characterized by vomiting of food and sour, bilious matters, ravenous appetite, sinking sensation and pulsating in the pit of the stomach, rumbling and flatulence, diarrhœa of undigested food, vertigo and obscuration of sight coming on suddenly when walking; also in eczema." He concludes his article with a recommendation that the drug be investigated. The cases of poisoning before-mentioned have rendered to this investigation a good basis of physiological and toxicological facts.

Setrophanthus has been studied principally in its relation to the heart and the kidneys. It is of value in valvular diseases, degenerative changes in cardiac muscle, functional and nervous heart diseases accompanied by an irregular rythm, in albuminuria associated with diseased heart, and in heart failure of febrile diseases. In œdema it acts to modify blood pressure upon the weak and

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dilated walls of the blood-vessels, causes diuresis and as a secondary effect relieves dyspnœa.

In the larger doses, and where the tubules of the kidneys are obstructed by inflammatory action, a hydrogogue cathartic action of strophanthus is manifested, and in chronic Bright's disease it increases the specific gravity of the urine. These facts would point to its use as a remedy of true value in Bright's disease. My experience with strophanthus in this disease is that it relieves the more severe symptoms and prolongs the patient's life. In the early stages it may have a curative action; in the later stages it does not cure, but ameliorates temporarily.

If strophanthus gives rise to any cumulative effects these are expended in the cathartic action. The excess of action is not upon the heart.

Salol has been of great value as presenting an effective method for the administration of salicyle treatment in rheumatism. Since its introduction it has been used with the greatest advantage in rheumatism, and with less gastric irritation than arises from the use of ordinary salicylates. It reduces heat and pain and relieves inflammation. Under its action the urine is quickly carbolized, presenting a dark color. In phthisis the reduction of temperature following the use of salol is of great advantage. In diphtheria the remedy has been successfully used, and also in stomatitis.

During the recent epidemic denominated *La Grippe*, I made an extended use of salol for the relief of the distressing pains, and found its action almost immediate. Rapid relief of pain and reduction of temperature followed at once upon its exhibition in doses of two and one-half grains every hour, and that without increase of gastro-intestinal irritation.

With our present knowledge of this agent we can only class it as an anti-rheumatic, and yet it seems to give evidence of other valuable properties to be better known to us in the future.

I have spoken of many cardiac remedies of a chemical nature. Let me now call your attention to another of vegetable origin which has been studied with much care during the past year. I refer to *Adonis Vernalis*. This plant contains an active principle known as *picroadonidin*; a substance of the nature of a glucoside, of a bitter taste, freely soluble, and containing all the medicinal properties of the plant. The drug was very imperfectly known to the medical profession in 1880, and has since that time met with

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varying favor. While it cannot be classed as a new drug yet our knowledge of its action is quite new.

It regulates and strengthens the heart beat and contracts the arterial walls. In mitral and aortic regurgitations it alleviates the præcordial pain, the palpitation and dyspnœa ; at the same time headache and the profuse devitalizing perspirations disappear. Under its influence the quantity of urine is increased and venous engorgement is lessened. At the same time adonis vernalis acts as a cardiac sedative. Possibly this sedative action may be due to its tonic action upon the heart ; increase of strength and increase of arterial tonicity being sufficient to relieve the heart oppression upon which the palpitation depends.

A large proportion of the remedies I have here referred to are chemical compounds, introduced and used under the sanction of allopathic authority. Others had their origin in the homœopathic school where they have been subjected to physiological provings of more or less completeness. In the putting forward of new remedies and in the elucidation of their action the eclectics of this country have not been behind their contemporaries. New remedies, and new methods of treatment with old remedies have been put forward by men of our school, which is a distinctly American school and dealing to a large extent with distinctly American ideas and American plant remedies ; and we have as a school done much to favor the advance of free and thoughtful drug investigation and drug use.

Every year brings to our notice new methods of treatment, and every year sees some undesirable matter dropped from our list of remedies. How the recently introduced medicines will compare in value with the already well known drugs only time and experience can show.

And now, at the close of our Association's thirty-fourth year, and at the beginning of the thirty-fifth we meet to compare notes of our past and to arrange our work for the future year. In a renewed resolution for faithful and devoted labor in our profession, and with bright hopes for the future of a free and untrammeled medical practice, let us open one by one the doors which veil the many hidden scientific truths.

In conclusion, I return my thanks for the courtesies bestowed upon me during the year just past ; and wish the Association a most prosperous future.

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TYPHOID FEVER IN POLKVILLE, CONN.

THE medical mind has been tending for several years away from the belief in a variety of causes for typhoid fever, towards the hypothesis of a single specific cause, or "germ." This doctrine of a specific germ, does not however necessarily invalidate the older notion of several causes acting to debilitate the system, lower its tone and resistance to bacillary infection. But it argues against the origin *de novo*, of a specific poison, and therefore teaches us to look for a direct cause for all typhoid outbreaks. The experiences at Plymouth, Pa., where the typhoid fever was shown to have been spread by polluted water, went a long way towards opening men's minds to the real cause.

In view of this it seems right to relate the experiences of the late outbreak in Polkville.

In the fall of 1888 I was called to see Miss H. R. *æt.* 18, she was complaining of severe pain with her menses, severe headache and general congestive pains. There was a history of a slight chill that morning and I found the temperature 102°, pulse 100. Not liking the expression of the eyes, or the color of her cheeks, I prescribed for the dysmenorrhœa and left word to be informed of her condition the next morning. The next day I found a pulse of 120 and a temperature of 105°. This temperature and pulse rate kept steady for six days. The seventh day the temperature fell to 104° the pulse to 110. It held so for nearly another week, when it fell to 103° and thenceforward fluctuated between 101 in the evening to 103 in the morning till the seventh week was past. On the morning of the eighth week it fell to 96½ and was subnormal nearly a week. By the beginning of the second week delirium set in with tympantitis and diarrhœa. The case was very severe but the eruption was not profuse.

Before the fifth day of my attendance I was called to the next house to see a young man. He was very weak. He had been attacked with fever the same day as Miss R., but his parents supposing it to be a bilious attack did not call a physician. I gave a lobelia emetic daily for four days, the patient meanwhile being around the house. I found the pulse very small, 60 a minute, temperature 101°. There was a peculiar red flush to the skin denoting capillary weakness. The patient was put immediately to bed. The

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fever went on for three weeks, never ranging above 102°, and several times striking 99½, the pulse never regained tone, but grew more rapid and the perspiration very profuse with sudamina; chopped spinach and achrous dejections. At the close of the fourth week the temperature ran up to 106° and continued so four days, with pulse 130 to 150 and he died without ever having delirium.

When I was called to this second case I began to investigate the water supply, not finding any other cause for the fever. I found that the village lay along one street of eighty houses. Above these houses was a pond which supplied power to a factory, and which was fed by short mountain streams of great purity. A pipe ran from this pond down the street, being closed at the farther end. Each house had a cistern-like vat, which received water from the pipe into the bottom and the waste passed out of the top. On examining this water I found it very full of sodium chloride, denoting sewage impurities. Investigation revealed that there had been three cases of typhoid fever up the stream and that in at least one of these cases, the stools had been emptied without disinfection directly into a little brooklet which emptied into the feeding stream only an eighth of a mile above the pond.

In the village, a man who lived in the first house that took the pipe-water had just began to recover from a seven weeks' attack of typhoid fever. I advised that no more water be drank except it should first be well boiled. I also made the Board of Health take samples of water to the chemist of the State Board for microscopic examination to see if Eburth's bacillus could be found. But this functionary scouted the idea that the microscope could reveal anything and refused to examine it.

At the seventh day of the fevers, another young lady came down in the house beyond. She was not one of my patients, but I was told that she was much like my first case, only less severe. She did not recover for several weeks.

The fourteenth day I found Miss R. much worse and told the family that if any others should be taken sick that day, I should feel sure that the germ-origin of the cases was in the water. That day two cases came down across from the R's. One aborted, and the other had a fever of a very mild type, which lasted about three weeks. The same day another came down in the next house, and was sick, I was told, for four weeks. The twenty-first day there were two new cases in this last house, and they

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never ceased to take medicine I was told, till the month of May, 1889.

This same day a sister of Miss R., aged twenty or twenty-one, came down very severely. The fever ran very high, with the gravest symptoms, but it cleared up at the end of the three weeks with a fine rapid convalescnce.

With the attack of this third case in my own practice, I had Dr. Goodwin of the State Board of Health, called in. He reviewed the ground of the cases, the water and other circumstances, and fully coincided with my views, which up till then had been sneered at by the other two physicians who had had the charge of patients in this epidemic.

There occurred several mild cases among men who worked in the factory; none, however, lasting above ten days. Of the eight families using this water, cases occurred in six. In the other two, where there was no fever, none of the household was under fifty years of age. Of the twelve sick in the street and factory, only two were over thirty. The rest were about seventeen to twenty-two years old. This district had never been visited by any kind of an epidemic before. It was considered a very healthy region. There would seem to be no doubt that the direct pollution of the water by the stools of the first cases, was the cause of the cases in Polkville. I was led by results of practice in the third case to modify my views somewhat in regard to the therapeutics of this disease. At the end of the second week the pulse became fearfully intermittent, the face partly cyanotic. I used digitalis to restore the pulse, but with no benefit. The stools were liquid but not profuse. I disliked to cenotipate as the head was so flighty. But the action of the heart so plainly indicated a dyspeptic condition that I stopped all nourishment but a very little rum punch, and gave large doses of bismuth sub-carbonate, which happily proved the needful remedy.

In this case the nervous agitation was fearful, and the milder remedies, cypripedin, scutillin, gelsemin, rhus, were utterly useless, I therefore gave opii deodorati, fifteen drops once or twice a night for a week, securing five to six hours of sleep and speedy convalesence.

From experience the past winter I believe that it is better to keep down this excessive expenditure of nervous energy which goes with insomnia by chloral or opium, than to allow the case to pro-

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ceed unchecked. Of course I would not use anodynes where stimulants or the specific remedies would answer.

I also grow more and more favorably impressed with the use of digitalis in typhoid fever. I think it helps not only as a regulator of the circulation but either through that, or some other cause, it depurates the system of impurities.

With Professor Howe, I grow every year more of the opinion that Baptisia is a much over-rated remedy in many cases. I would rather depend upon the antiseptic action of bismuth, asepsin or iodine upon the digestive canal; and within the circulation of iodine and arsenicum.

A point of interest in this epidemic was that small children and old people were exempt from its attacks. The only two houses that escaped a case contained no subjects under fifty-five years. We all know that children under ten are seldom afflicted, although one year I saw as many as twenty cases of enteric fever in young children. A second point was that the new cases seem to come down at the end of seven days, and that the cases already affected experienced either relapses or exaccerbations at the same time. I do not remember noticing this recorded in any other epidemic that I have seen described.

F. H. WILLIAMS, M.D.

CONTAGION AND GERMICIDES.

AT the present time, when so much is said on the subject of contagion, so little known about it and so many alarmed at the sound of the word, some facts on the subject may serve to enlighten and, perhaps, relieve the people. Contagion (from *contango* I touch, or come in contact), is defined as "the act or process of transmitting a disease from one person to another by direct or indirect contact." Most diseases occur *de novo*, without contact, and hence are not from contagion. There is not a year, and perhaps not a month, that sporadic cases of the so-called contagious disorders do not occur in families that have taken all the care of such patients. They eat, perhaps, in the same or the next room, and some member of the family sleeps in the same room, and not unfrequently in the same bed without contracting the disease.

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The same conditions which produce a disease at one time will produce the same whenever similar conditions exist, whether sporadic or epidemic, and the peculiar type will depend upon the climatic, telluric and atmospheric conditions. Surrounding physical influences determine the line of demarcation between healthful or morbid action, and by the potency of their shadings in the respective season, and at the respective station, specialize the type of the prevailing epidemic. Small-pox and other exanthematous fevers follow cold weather; intestinal diseases, as a rule, are peculiar to hot climates and hot weather.

The zymes, phites, microbes, etc., instead of causing disease and death, do more, I believe, to preserve and sustain life than otherwise. We know that the best spring water teems with living animalculæ, and yet those who drink the most of it are, as a rule, the most healthy. The most wholesome atmosphere is also alive with these little almoners of life, and it is more difficult for man to retain an existence where it is either too hot or too cold for them to exist; so that if the contagionists could accomplish their desire longevity would decrease. We should suppose, from the theories advanced and the hue and cry of some of the physicians and boards of health, that these infinitesimal microbes were a kind of invisible tramps that should be shunned by every one. Yet they are unable to inform us how, or even to do it themselves. Man has come into existence and reproduced his species; families have been reared; the population of the earth has increased and is still increasing; and if the doctors and health-boards would desist from interfering with nature's processes, if they study medicine and its adaptation to disease, assist nature by such remedies as can act in harmony with its economy, they would be more successful in their efforts to relieve human suffering.

It is evident that disease is the outward manifestation of an internal ferment, and that the microbes found in diseased and dead bodies are the natural results, rather than the cause. The Germicidists cannot determine beforehand which of the great variety of microbes will produce any special type of disease, but finding them in dying and dead tissue they imagine that they are the cause, when, in fact, they exist as the effect. The notion that small-pox, cholera, yellow fever, scarlatina, measles, diphtheria, etc., are contagious, because they occur epidemically, is lacking of proof. In fact, more people escape the so-called contagious diseases during an

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epidemic than have them, and this is true of many who nurse such patients. Physicians in daily attendance on patients afflicted with these complaints seldom suffer from them. They go from patients having the so-called contagious diseases to others without any apparent fear of conveying them. Why should there be such great danger to everybody else when physicians and their families so generally escape? The fact is that it is no proof because a whole family, or even several families, in a neighborhood have diphtheria that it is contagious, any more than it would be that because a whole family or several families in a neighborhood have a common cold, or a diarrhœa, that is the result of contagion.

I will refer to a remark of Dr. Spinzig in order to prove the illusion of Prof. Pasteur's supposition in regard to the revivication and diffusion of the "anthrax poison," as an illustration of infection. "Bacteria, bacteridia, sporules, micrococci, etc., etc., are found in myriads in the cesspools, in drainings from dung-piles; in ichorous fluids of decomposed animal substance, and in manure. These substances are taken to the fields as fertilizers, particularly by the gardners, in close proximity to most populous cities. The augmented crop, thus harvested in return, is there consumed without extermination of man and beast, as logically the result ought to be in accordance with the views of infection potentialized as suggested by the Pasteur discoveries." To further illustrate the illusion attending the doctrine, the city of Croydon, England, having a population of 200,000, may be cited here, where all dejections, slops and foul water are conveyed by sewerage to meadows under irrigation, for fertilizing. The crop of hay obtained in consequence thereof is increased many fold, and domestic animals are fed with it. Then the butter and milk obtained from the stock are consumed by the inhabitants. It is not known, however, that they are subject to more frequent or more intense epidemics than the inhabitants of other English cities.

Those abortive bodies, the supposed agents of "infection," as we know, are of the lowest form-representations in the regressive metamorphosis, and many of them have not even the power to propagate their own species. In "fermentation" they contribute to the augmentation of decomposition. Through warmth and moisture, they energetically absorb oxygen and cause that process to take a more rapid and intensified course. In their reaction in the process of

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fermentation, they are analogous to leptothrix cells; and in regressive actions of the human organism, if injected directly into the blood, to urea. They are agents accompanying the fermentative processes, and by means of which they disintegrate. Their recurrence from decay and putrefaction proves, consequently, that they pertain to the products of these processes. According to Karsten, "they neither appertain to the animal nor to the vegetable world, their mission being only to contribute to the promotion of putrefaction and disintegration, like all septic bodies. They are only the constant companions of death," hence they are totally devoid of specific quality. The proposition that they are to be recognized as the source of "specific infection" must, therefore, be rejected, from the known facts of their natural history. They are not the seeds of fructification in the development of special diseases, but they simply constitute material which, in combination with other fermentable substances, undergo septic (regressive) actions, analogous to urea in combination with albuminates or plasma.

On the subject of Diphtheria Dr. Austin Flint remarks: "Diphtheria rarely occurs sporadically; it is eminently an epidemic disease. The importation of a disease may be due to the portability of the special cause, which is not necessarily a contagion. As bearing upon the last named point, the following instance coming under my observation possesses interest: Diphtheria occurred in a family residing on Staten Island, distant six or eight miles from New York; two children of this family, perfectly well, were sent to a house of a friend in the latter city for security against the disease. There were no cases of diphtheria within or in the neighborhood of the house to which the children were sent. In a few days both children were attacked with diphtheria, and were at once sent back to their homes; two days afterwards two young girls in the family into which the children had been received were attacked with diphtheria; (two days would not be sufficient time for incubation) the larynx was involved in both cases; one died after tracheotomy had been performed, the other recovered without the operation. A sister and a domestic nursed the girls, and were in the chamber with them night and day; neither they or any member of this family had the disease. These facts seem to exemplify portability and not contagion. Sporadic cases occur under circumstances which seem to render it impossible that a contagion was involved.

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The number of such instances justifies the opinion that it is produced without contagion. Trouseau and Peter experimented to produce diphtheria in themselves by voluntary inoculation, and failed. Peter went so far as to apply freely to the throat lint charged with diphtheritic matter. Four years ago I was called myself to attend a girl of ten years. She had been complaining some two or three weeks. The family did not suspect any serious trouble with her. Upon examination I discovered a diphtheritic sore on the back of the right hand, diphtheritic patches in the throat, involving the larynx, and every evidence of a thorough diphtheritic blood-poison. She died in two or three days after my first visit. The funeral services were held in a church in the neighborhood, all the neighbors attending, both old and young, and yet no one in the neighborhood took the disease. Says Prof. A. Wilder: "The germ-epidemic, which of late afflicts so many doctors, and such as take their chief inspiration from such sources, is barely worth a notice. We are served up with a literature of the most empirical and unscientific character, chiefly notable for the extraordinary and half-unmeaning words with which it abounds. A bacterium is begotten for this disorder, a bacillus for that, and to every type and condition some creature is invented for its producing cause. It is enough to note that none of these microscopic vermin are ever found except the morbid condition has existed before it, and at the most the morbific infinitesimal must find a nidus all ready for it, or it will woo you 'as gently as a sucking dove.' As infants are born sometimes infected with disease, the journey which the bacilli must have taken to get to them would require a vivid imagination to trace. The common practitioner wastes his time over such inquiries, for they will add neither to his information nor his professional skill. Besides, in a few years the whole germ-hypothesis will be forgotten except by antiquaries."

Professor Tait, the foremost ovariotomist of the present time, pays little respect to germicides. He says, in a late essay: "My fear of germs has steadily diminished, so that if I could get them in sufficiently large quantities, and found them dry, elastic and absorbent, I would willingly stuff my pads with them instead of wool."

The co-called contagious diseases—even small-pox itself—have been known to break out in mid-ocean, when the ship had no case on board for years, if ever; was clear from it, and no patient had been on board the vessel. Florence Nightingale declares that she

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witnessed cases of small-pox at Scutari, in which it originated without prior infection. The late Dr. Spinzig, having cited many cases which are in point and beyond dispute, which, for want of space, I cannot quote, boldly challenges opposition. "Such downright contradictions," he declares, "cannot be consistent with the supposition that even a shadow of truth is in the doctrine of so-called infection. In nature there is no arbitrariness; all processes are the necessitated phenomena of the operations of unalterable laws. Hence, simply from logical inference, the proof is obtained that there can be no infection ; and, consequently, the occurrence of the so-called contagious diseases are dependent upon a different cause, of which the laws are those that are common to all other phenomena in nature."

Where the conditions exist for the evolving of these diseases they will be certain to appear. Mortality has not decreased since the introduction of the microbe theory; which should be the case if it were true. But in fact mortality has increased. The mortality per 1000 from 1848 to 1861 ranged from 12–15, while from 1872 to 1888 the mortality ranged from 15–19.

The few really contagious diseases such as Gonorrhea and Syphilis have their stage of incubation, and where several are attacked with disease in a family within two to four or five days, we are to conclude that it is due to climatic conditions. Those in good health are always safe, though pestilence walketh in darkness and destruction wasteth at noonday.

S. B. MUNN, M. D.

SELF-CURE OF PULMONARY PHTHISIS.

H. L. W. was born in 1823, of a consumptive father. His brother also had consumption. He is of bilious, sanguine temperament; height, 5 feet, 10 inches ; weight 136 pounds. In temperament and physique he strongly resembles his father. He had the ordinary diseases of childhood, and at the age of fifteen had lung fever, but at seventeen he was strong and rugged. At nineteen he began teaching, and after four years contracted bronchial trouble and over-taxed his nervous system by study outside of school hours. Almost complete aphonia supervened for about six months.

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The bronchial difficulty increased, and he could not meet the palms of his hands in front without excruciating pain. He had a frequent hacking cough, with profuse expectoration; his appetite was gone, and he became greatly emaciated. Deep inspirations were impossible, and his sleep became much disturbed. He was then examined by Dr. Knight, of New Haven, who said to him: "Young man! you have but a few months to live."

He had carefully watched the treatment of several consumptives, and their fatal termination led him to conclude that there was no hope for him in the use of the ordinary means employed in such cases. He then determined that he would try the effect of these three things, viz.: general relaxation, counter irritation, and lung expansion, by the best means that he could devise.

The relaxation he accomplished by smoking two pipes of uncured tobacco which caused a drenching perspiration that afforded him some relief from the terrible sense of constriction about the chest, from which he had suffered much. The same night he applied a large Burgundy pitch plaster over the sore spot in the middle of the right lung, and the next morning, standing by a hot stove, and loosening the two upper corners of the plaster, with both hands he jerked it off, then washed the exposed surface with Castile soap and immediately replaced the plaster as hot as it could be borne. A very large sore soon resulted from which the pus came away freely with every removal of the plaster. After about three months it became gangrenous, when, with a slight cough he expectorated a large, hard, white, spongy calcareous mass, that he bit into three pieces as it came into his mouth, the whole being as large as half of a butternut. He could then meet his palms in front, breathe deeply with comparative comfort, and in a few weeks his voice returned.

Simultaneously with the pipe and plaster treatment, he had every morning climbed an adjoining hill and taken as many and as deep inspirations as his strength would allow, for the purpose of lung-expansion.

Forty-one years have elapsed, and notwithstanding his original inheritance of the consumptive diathesis, his health has been generally sufficient to meet the demands of an exhausting business, from which he has retired with a competence earned by unremitting toil.

A remarkable circumstance is that after some years of continu-

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ous teaching, he broke down with nervous prostration and was compelled to abandon that pursuit, yet he had no recurrence of pulmonary disease.

After raising the calcareous mass he found that the plaster-sore had become a source of danger as it was six inches in diameter and very deep, but he was successful in healing it, with the gratifying result of complete recovery.

Could he have done better with any medical treatment then known?

S. H. PLATT, M.D.

LATERAL CURVATURE OF THE SPINE.

LATERAL curvature of the spine usually makes its first appearance between the ages of ten and fourteen years, though it may be several years later before special attention is directed to it. It develops without any history of previous bad health and thus it is often well advanced before it is recognized.

It is produced by abnormal muscular contractions and is not associated with disease of the vertebræ as is the case in posterior curvature. The deformity commences with a twisting of the bodies of the vertebræ upon each other, which continues till the spinous processes are twisted toward the side on which the contracted muscles are located, while the anterior surfaces of the bodies of the vertebræ look toward the opposite side. The spinous processes are then drawn toward each other by the contracted muscles, and thus the intervertebral cartilages are compressed on the posterior or concave side of the bent spine and expanded on the opposite side. Soon after this contraction commences a second curve begins to form, which is spoken of as the compensatory curve. These curves are usually met with in the dorsal and lumbar regions; the latter being the more frequently the seat of the first curve, though it is sometimes the seat of the curve of compensation. Whenever the curvature begins, if it remains untreated it will in time involve the cervical region as well.

This deformity is frequently the result of mal-position. Growing children acquire the habit of leaning to one side very readily, and all such habits soon grow to be permanent defects. The school

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room is responsible for considerable mischief in this direction. Small children are often obliged to sit too long on high seats where they cannot get a support for the back and they are sure to incline to one side to rest themselves. Then, too, the desks are at fault. They are usually too narrow for two children to sit squarely in front with their arms resting evenly on either side. This compels the children to sit sideways, with one arm resting on the inclined plane of the desk, at an angle of twenty or thirty degrees higher than its fellow. This position gives a lateral twist to the spine, and when kept up for a short time one shoulder will be seen to be considerably higher than the other. Then comes a difference in the degree of development of muscles and ligaments, and as the child grows a marked deformity is produced in consequence.

Injuries to the muscles of one side of the back, sufficient to prevent their action for some time, may be followed by contractions of those on the opposite side, and subsequent deformity may result. Again, during a protracted illness a patient may lie with the spine in a twisted position, till it becomes fixed, in a measure, so that it cannot be straightened during convalescence. Then, as strength increases, an uneven muscular development takes place and the deformity grows worse. Shortening of one leg from any cause will also give rise to lateral curvature.

It is of the greatest importance that growing children should be carefully watched, and always compelled to sit erect, both at home and in the schoolroom, for careless habits of sitting are sure to result in some degree of spinal curvature, if not in serious disease.

One of the first symptoms of this deformity is a marked prominence of one of the scapulæ. When this is present even to a slight degree, an examination of the spine will show a lateral curve in the line of the spinous processes. In the early stages this curvature will disappear if the patient is supported from the axillæ, so as to remove the weight of the arms from the spine and raise the drooping shoulder. If the case is neglected, the muscular contraction continues till a prominently marked double curvature is developed, with a material shortening in the height of the patient.

Usually the dorsal vertebræ crowd to one side, under the scapula, which is pushed out of position; the ribs on that side are pushed back so as to protrude at the angles of the ribs, with a corresponding depression of the chest on that side; the

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scapula and the back part of the thorax on the opposite side, fall in, while the anterior part of the thorax on that side is considerably protruded. This change of shape of the thoracic cavity prevents the natural development of the lungs, interferes with the heart's action, and not infrequently causes both functional and organic diseases of the heart and lungs.

Treatment.—In the early stages of this deformity such exercises as will bring into action and develop the contracted muscles should be resorted to. Exercise on the cross-bar is very desirable and should be had if possible in the open air. The numerous appliances devised and recommended in these cases have served but little purpose, except to torture the wearers, because they were planned upon the basis of crowding the bones of the spine into position by pressure on the protruding part. The only correct principle for the treatment of these deformities consists in lifting the weight of the head and arms from the spinal cord and then stretching it. This is best done by suspension from the axillæ and head and the application of the plaster-of-Paris jacket, as recommended by Prof. Louis A. Sayre, M. D. When once applied the jacket prevents the spine from settling down as much as it was before it was stretched, and the daily suspension soon overcomes part of the deformity and necessitates the application of a new jacket to give further support to the relaxing spine.

A full description of the application of the plaster jacket, and its various modifications will be given in a future issue of THE MEDICAL TRIBUNE.

ROBERT A. GUNN, M. D.

AN INTERESTING CASE.

ON the 14th of February, 1886, I was called to see the following case, which proved to be one of the most interesting in my medical experience; and from a therapeutical stand-point, it may prove equally so to you. The patient was a girl, aged nine years, of nervo-sanguine temperament, and born of healthy parents. She had been under medical treatment for more than a year, with a steady decline as the result. I found her suffering greatly, and an examination revealed the following symptoms: Extreme anæmia;

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nasal hemorrhage to fainting ; a frequent dry cough, quite distressing, especially at night ; tongue dry, with dark coating ; heart enlarged and pushing well to the left side, apex beat in seventh intercostal space, galloping murmur marking both sounds of the heart, amounting in fact to a tremulous throb, with left side protruding over the whole ventricular surface. I think I may safely say, the protrusion amounted to the thickness of my hand, pulse 150, as near as I could count ; respirations 50 per minute and labored. She could take but little food or medicine, and would persistently throw up, especially iron. Her mother had been obliged to hold her up in bed, night after night, in order that she might get any rest at all.

I did not think she would live long enough to get the action of medicine, and so informed the parents. Soon after my visit they sent for the priest who prepared her for death, and told them that medicine would be of no service ; but if they wished to try the new doctor to do so.

Treatment. — I first prescribed strychnine and iron, 1st. x. trituration, in five grain doses every four hours, and also ordered the following : Specific tinctures of collinsonia, digitalis, and cactus grandiflorus, āā gtts. x ; Water, ℥ iv. Mix, and give a teaspoonful every hour. The medicine was retained from the first dose, and the next day the patient was more comfortable, much to the surprise of myself and her friends. I continued treatment, and on the 17th I found marked improvement in the circulation and respiration—pulse, 116, respiration, 22 ; which I think was justly due to the action of the cactus and digitalis. The tongue was moist and a general appearance of relief was manifest. The cough was still distressing, and I added to the above treatment kali chloride, 6th x, five grain doses once in four hours. There had been slight nasal hemorrhage, but not to fainting, and the patient had taken a little food with a relish. On the 19th I found the pulse 112 ; and there had been no further hemorrhage ; and the cough somewhat improved, so I continued the treatment. On the 22d, the pulse was 110 ; respiration 20 ; cough better ; sleep was possible in the reclining position ; and she rested much better. I continued the treatment without change. From this time till the end of March the pulse ranged from 104 to 116 and the respirations from 18 to 22 per minute. On April 1st, I discontinued the kali chloride, but continued the tinctures every

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two hours, and the strychnine and iron as before. At this time the patient slept well, ate well, and walked about the room without assistance. The cough was entirely gone, the tongue was clean and she began to improve in strength and flesh.

On April 12th, an examination showed that the enlargement of the chest was somewhat reduced, and the strength of the heart action increased. From this time she gained in strength daily, taking a three-mile ride, going to church and visiting the neighbors without any bad effect, except the temporary fatigue. On May 7th the apex beat in the sixth intercostal space and as near as I could judge the enlargement was reduced about one-half. About this time both sounds of the heart were distinctly audible, which they had not been before during the entire treatment. The patient continued to gain in strength and made a complete recovery.

I wish to urge the value of citrate of iron and strychnine in all anæmic conditions, especially in cases that cannot tolerate other forms of iron. The system will take up iron only in small quantities, and, if my experience is of any value, it proves the folly of crowding upon an irritable and over-taxed stomach crude doses of the remedy. The trituration of Strychniæ et Ferri citratis is, I believe, a first-class preparation. The particles of iron are in minute subdivision, and the stomach will take them up when it will certainly reject a crude dose, as the above case clearly illustrates. The strychnia in combination proves a stomachic of the highest value. Hale says of this remedy, that it is the "best preparation of iron in chlorosis, chorea and paralytic conditions resulting from anæmia; and dyspepsia with vomiting yields to it." I think the above case is a rare one, judging from the limited readings I have been able to give it. I have never met enlargement of the heart in anæmia of children in my fifteen years' experience, except in this case; and I am confident this patient could not have lived a week longer under the old treatment, or without treatment. It goes far towards proving the inutility of crude and harsh medication, and it aids in establishing the doctrine of specific medication.

E. M. Ripley, M. D.

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PRESIDENT GEMMILL'S ANNUAL ADDRESS.*

Ladies and Gentlemen of the National Eclectic Medical Association—

GREETING:

The ceaseless wheels of time have carried us onward another twelve months, and we are again assembled in our twentieth annual convention.

As has been the custom of my predecessors, it becomes my duty to address you on matters relating to our work in its various phases. The subject is one too broad, too deep, too voluminous to be more than briefly touched upon at a few points in the short time I must allot myself to speak.

The auspices under which we have met are, in my opinion, favorable to a successful meeting. We have not only come together to extend to each other friendly greetings and to engage in social conversation, but we have a higher, a nobler end in view, as expressed in the language of our constitution: "The object of this association shall be to 'maintain organized co-operation between physicians for the purpose of promoting the art and science of medicine and surgery, and the dissemination of beneficial knowledge and an improved practice of medicine.'"

We come here to learn of new discoveries, new improvements, and to profit by each other's experiences, that we may go to our homes feeling that it has been good for us to be here; that our time has not been spent in mere pleasure seeking, but that our minds have been enlightened by practical wisdom, and we can go to the bedsides of our suffering patients and with earnest, sympathizing hearts and helpful hands mete out to them such remedies as will most readily and effectually relieve their needs and make the practice of our system of medicine a boon to all humanity.

PRIMARY ORGANIZATION OF ECLECTIC COLLEGES AND THEIR PRINCIPLES.

In the year 1831 Doctor Morrow and his colleagues organized the first Eclectic College in the United States. This was established

* Annual address before the National Eclectic Medical Association at Niagara Falls, N. Y., June 17, 1890. By W. T. Gemmill, M. D., President. From advanced copy furnished.

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at Worthington, Ohio, and christened "The Medical Department of the University of Worthington." The founders of this institution met with much opposition. They were called quacks and humbugs, and were persecuted in every possible way, but they had the true spirit of Eclectism within their souls. They had started out to accomplish a purpose, and with this determination they pressed onward until that little university, embodying as it did the nucleus of truth, has germinated and developed the most scientific system of medicine now in existence, for it is progressive in its nature, liberal in its views, and satisfactory in its results.

The very name *Eclectic* signifies freedom of thought and action. We have no traditions to follow, no arbitrary code of ethics to cramp our movements. We are a free people ; all that nature and science has to give is ours, for we are grounded in science, and all knowledge reaches out to us to encourage our efforts and strengthen our hands. We challenge investigation of our cherished principles, and court comparison with other systems. We are not perfect, but we aim at perfection, and the gods are with us.

In the year 1845, these men who had established this reform school of medicine, removed to the city of Cincinnati, and obtained from the Legislature of Ohio a charter establishing the "Eclectic Medical Institute of Cincinnati."

This College has continued to grow and send out each year its Eclectic physicians to all parts of these United States, until to-day they are numbered by the thousands. I am thankful to say that this old parent school—forced as it was into existence by reason of the necessities and demands of the people of that day—is, as Dr. Wilder says, "based upon a platform so broad as to afford room for every generous, high-minded person who is devoted to medical science, and comprehensive enough to include every fact, every truth, every idea which is capable of use to ourselves, our profession, or our fellow-men," and it will continue to grow and thrive, and widen out and instil its principles into all the branches of this, our chosen profession, until all others shall bow at the *shrine of Eclecticism*. Until there shall be in name, and in the minds of all thoughtful, free-thinking people, as there is in *reality* and *truth*, only *one true and scientific system of medicine*, and that our own *Eclectic*.

Aside from this institution at Cincinnati, we have now some eight or nine medical colleges established in different parts of the

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United States, each having a good-sized graduating class each year. The men who compose these classes are (as a rule) men of high culture, of good judgment; men who are prepared to go out into the world and fight the battles of a worthy cause. Wherever an Ec'ectic locates (if he has not missed his calling, as it is possible some may do), he will be a man among men—a physician among physicians—and take his place among those whose worthy efforts are always crowned with success. No system of medicine upon the face of the earth has done more, directly, for its followers, and through them indirectly, for humanity, in the way of discovering new remedies and of putting before the medical profession and the world at large the true therapeutic uses of these remedies as the Eclectic has done. Our Old-School neighbors have profited by our discoveries without giving us due credit, perhaps; but then we abound in good things and can afford to be generous. The Homœopathists have not been idle in taking up and appropriating our remedies, while their thanks might be compared with their pills and potions, small and weak; but again we say *welcome*. It does not become us to be penurious. Let us give liberally but wisely of our means and efforts, carefully gathering and garnering all the good that we can obtain, and as zealously rejecting the evil in whatever form it may be presented. We have the right to think broadly; we have the right to choose at will from the tenets and works of others; we have the right to prescribe at the bedside of the sick whatever remedy we may think best, let it come from whatever source it may, without any man having the right to say aught against it, for this is Eclecticism in its broadest, truest sense.

THE NECESSITY OF SYSTEMATIC ORGANIZATION.

"In union there is strength," has become a trite saying, but I desire to urge the necessity of systematic and thorough organization upon every member of this Association. And right here let us borrow wisdom from our allopathic friends. They have not only organized themselves into National and State societies, but they have also their county and auxiliary societies. Their members turn out to a man; and it is by this means, chiefly, that they are able to obtain positions in our Government—not only State but National positions—and being in the majority they use this weapon to override and trample under foot those who are weaker in *numbers*. Yet I am a firm believer in the doctrine of the "*survival of the fittest*."

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We have but one remedy to correct this wrong that is heaped upon us, and that is by thorough organization, thorough training in the principles of Eclecticism, and not by retaliation or abuse. We can never build up ourselves or our cause, be it ever so worthy, by trying to drag others down. I believe that we have the germ of professional supremacy as our birthright. Let us foster and care for it by all legitimate means at our command ; let us practice what we preach, leaving it to history to record all there is worthy of mention in other schools, which we may read and comment upon in the future at our leisure. Let us congratulate ourselves upon the fact that we are assuming such formidable proportions in the medical world that our enemies are waking up to the fact and leaving nothing undone that is within their power to check our growth.

But let us not tarry to discuss the question of numbers with them, for nothing is to be gained, while much may be lost by so doing ; time is precious, and waits on no man or class of men. Let us organize as *one man*, and let strength of character, purpose and principle be the burden of our plea in demanding our rights. As long as we stay away from these meetings and take little or no interest in our societies, just so long will we be kept down and out in the back-ground, while our more diligent neighbors will reap the fruits that are to be gathered. I only wish that I could convince every member of this Association within hearing of my voice to-day of the necessity of organization and the benefits to be derived therefrom. Have your societies meet two or three times a year, even if you do not have more than half a dozen members ; *meet together ;* you will find that these meetings will not only be a benefit to you in the way of disseminating professional knowledge, but they will establish you as a school before the public. If we stay away from our medical associations we lose, to a certain degree, our interest in these societies, and in time drift back into a condition where we not only lose interest in the medical profession, but we lose interest in ourselves, and our reputation is circumscribed by the limit of a few miles of our location. Then let us take more interest in our work, and use every legitimate means to further our own ends and purposes as benefactors of the human race. We are only as strong as we are at our weakest point. We must discover our own shortcomings and failures, and by means of this society and all auxiliary societies seek mutually to aid each other in amending and correcting the same.

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MEDICAL LEGISLATION.

The allopathic physicians of this country have undertaken to procure laws to regulate the practice of medicine in the different States of these United States. In some instances they have been successful, and in others they have been defeated. They profess that their object is to protect and insure the people against imposition and quackery. A very worthy object that, and we could most heartily join hands and heart with them in caring for the *dear people;* for as a school we are *not* opposed to medical legislation, but we *are opposed* to *class legislation;* and right here is where all the trouble comes in—*they* do not want to let us share equally in the work. We are not so selfish as to demand the lion's share; we only ask for equality of rights, and nothing less than this will satisfy us. We are willing to stand or fall on our merits, but equal representation on the various boards of health we *must have* if this controversy is to be settled amicably.

I am satisfied that the men who compose our societies and who stand shoulder to shoulder with those of all classes having the welfare and best interests of our people at heart are men who will compare favorably with those in any other organization of the kind in this country. We have men of culture and intelligence, men of good judgment and skill, who are capable of filling creditably any position to which they may be called, and we need have no fears or delicacy about urging their appointment.

SPECIFIC MEDICATION.

When Doctor John M. Scudder wrote his works on "Specific Medication and Specific Diagnosis," he laid the corner stone of the only scientific mode of practice in the world. How easy it is when an Eclectic physician goes to the bedside of his patient to take into consideration all the pathological conditions, and see each one of those conditions pointing out and indicating the very remedies that will meet them. But this system of Specific Medication and Specific Diagnosis is yet in its infancy. The time will come when these principles that have been advocated and taught by Doctor Scudder will revolutionize the whole medical world, and the name of Scudder will be written high in the annals of medical fame, standing side by side with the names of Jenner, Harvey and Sims, who are now gone to their reward, but whose teachings remain with us to their glory and our edification.

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I would like to urge it upon those in authority in all our medical colleges to adopt the principles of Specific Medication and Specific Diagnosis, as taught by Doctor Scudder, and teach the same uniformly.

In the language of this great teacher: "Specific medication requires specific diagnosis. We do not propose to teach that single remedies are opposed to diseases according to present nosology. These consist of an association of functional and structural lesions, varying in degree and combination at different times, very rarely the same in any two cases. To prescribe remedies rationally we are required to analyze the disease and separate it into its component elements, and for those we select the appropriate remedy."

In order that we may all become fully acquainted with the principles of Specific Medication and Specific Diagnosis, I would suggest that we give the subject our especial attention, and lay aside all prejudices in the investigation. It is, in my opinion, the only rational way to practice medicine. It is certainly one of the most prominent features of our mode of practice, and until all our Eclectic colleges will unite in teaching this system of practicing medicine, just so long will there continue to be discord and differences among our members, and we will be retarded in reaching a point that will make our schools eminently successful.

A WORD OF CAUTION TO THOSE IN AUTHORITY.

I would like to speak a few words of caution to those granting diplomas and sending out men from our colleges whom they know are really not competent to practice medicine. Our friend and brother physician, Doctor Howe, says: "A young man should never engage in the study of medicine until he has canvassed the impulses of his heart and decided whether he is a philanthropist or not." I fully agree with him in this, but I would go further and say that no young man should be allowed to deceive himself and think because he gets through college and passes the examinations that he is always a fit or proper person to practice medicine. While of course these things are necessary, and never to be omitted, yet I believe that a man must be *born with the most vital elements of a true physician*, and that without a certain amount of *natural endowment* he can *never* by any means *be made* a physician, let the good intentions of the student and the care and painstaking of the teacher be what they may. While I would not discourage men from

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entering our profession, I would have them examine themselves thoroughly as to their tact as well as their talent; and I would have the teachers, who, by reason of their practical experience are fitted to sit in judgment upon such matters, exercise their authority and privileges in guarding against the practice of indiscriminately granting certificates and diplomas to all who apply and offer the required fee. Let us raise the standard of the physician's qualifications, and thus rid ourselves of so much of the disgrace and odium we are often called upon to bear in common with those who are with us in *name*, but who are not *of us* in spirit and in truth.

ECLECTICS IN ENGLAND.

Our English friends have been asking admission to our National Society during the past two or three years. Their object in doing this is that they may establish an Eclectic Association in their own country. I would advise that they send to this Association representative men, in regard to whom it will be our duty to inquire as to their character and standing as physicians; and if they are found worthy I would advise that they be admitted as members of this Association and granted the right to establish in their own country a society which shall be governed and controlled by the National Eclectic Medical Association of the United States. In order that we may have nothing to regret in the future in regard to this matter, let us consider everything carefully, that we may have no one admitted to membership with us who may in after years abuse the trust and confidence we have placed in them.

PERSONAL GRIEVANCES.

At our meeting in Nashville last year there were I am sorry to say, some who made personal remarks against the character of certain of our members.

In order to preserve the integrity of this Association, we must abstain from all such personalities; and if we have any axes to grind take them elsewhere. Do not bring them here; or lay your grievances before a committee appointed to consider such matters, and let all differences, disputes and strifes of whatever nature be by them adjusted. "Be ye reconciled one to another," for after all what is gained by such controversies? Grant to every man what you demand for yourselves—the right of free thinking, and within reason the right of free speech. Be as diligent to heal all dissensions of

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mind between brother physicians as the physical ailments of your patients, bearing and forbearing with one another, that in all things the best interests of our Association may be promoted and yourselves built up and strengthened in the good work. We come here to be benefitted and to improve ourselves in knowledge ; to *meet each other as friends* and to extend to each other the right hand of fellowship ; and so long as these principles of brotherly love prevail, so long will our Association continue to grow and thrive and be crowned with success. It becomes my duty, and shall be my earnest endeavor to prohibit anything that may cast reflection upon any member of this Association, and I request your hearty co-operation in this regard.

CLASSIFICATION OF THE WORK.

The work of this Association has been divided into Sections, each section having a chairman and secretary. During the meeting of these Sections each chairman shall preside over his own section, and all papers will be assigned to their proper places. For instance, if you have written a paper on some surgical topic, the same will be assigned to the section on Surgery ; if on Obstetrics, it will be assigned to the section on Obstetrics. By having the work so arranged it will not only facilitate and systematize our business, but it will give each member a better opportunity to hear and take part in the discussions on the different subjects as they are brought before the different Sections.

It is my earnest wish that this Association shall meet with success at this meeting, both socially and financially, and in no small measure achieve our aim of elevating the medical standard of the Eclectic Practice of Medicine. I presume I am the youngest presiding officer this society has ever had ; I shall endeavor to the best of my ability to promote its peace, harmony and prosperity, and wherein I may come short of this I trust you will pardon me. Let us take up the work this year with more zeal, more enthusiasm, and by deserving the confidence of the public establish our right to the highest rank attainable in our profession.

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SPIRIT OF THE MEDICAL PRESS.

THE *American Medical Journal* treats of the future curriculum of the American Medical College, in which "will be observed the change of requirements looking to a better standard in Medical education. We have long since felt that two sessions with three years' reading was entirely inadequate to properly qualify the medical student for the high and responsible duties resting upon him as physician, and now the medical colleges generally, having determined to adopt the three courses of lectures with four years' reading, including the time of lectures, we most gladly fall into line. I believe all the Eclectic Colleges in "good standing" are adopting the same curriculum. A few of the Allopathic schools are backward in giving their assent or consent to the movement. Hereafter students are to avoid such colleges as make their requirements less than four years' reading and three courses of lectures. A diploma thus obtained will be a diploma not of good repute; and while a student desires to get through in the shortest possible time he should see to it that his sheepskin is not stained with a requirement *less* than what his State laws demand.

"Our claim is that we are up with the standard in every respect, and that we will keep up with the demands of the age. This reputation we have gained, and this we shall maintain. If we die we prefer to die honorably and scientifically rather than suffer the pangs of dishonor and quackery.

"The *New York Medical Record* has made a thrust in its issue of April 26th by saying the standard of Eclectic medical colleges and their means of teaching are decidedly inferior to those of other schools; WE BRAND THIS AS A FALSE ACCUSATION. While we admit that some of our colleges have been short in men and means of teaching, and some have been engaged in diploma-selling, we can pick out the same in Allopathic colleges. Force it upon us, and we can paint it black very near the home of the *Medical Record.* The time for this kind of sneering has passed, and a little attention to home products is better than so much feather and fuss on the outside."

Dr. George Covert of Wisconsin has a little collection of examples of "quackery rampant," in the same journal. A Dr. Mos[illegible]

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of Texas, pursuant to a sneaking policy promulgated in that State by Old-school doctors some years ago, points out a mistake in diagnosis by an ex-president of the Eclectic Medical Association. Dr. Covert renders the tit for tat by citing six cases of worse mistakes: Running a lancet into an aneurism; dosing a girl as bilious with calomel and jalap, which did not set her dislocated inferior maxillary; applying splints to a "fracture" of the knee, which an Eclectic afterward righted by extracting a needle; declaring the *os uteri* ruptured, sewing it up and thereby occasioning miscarriage; diagnosticating pregnancy which proved to be wind colic; and attempting to dilate the *os uteri* of a parturient woman, but actually working on the anus of an infant in a case of breech presentation.

The Georgia *Eclectic Medical Journal* pertinently inquires why the Illinois State Board of Health does not know Eclectics and Homœopathists as physicians. "We would like to know, 'D.' demands, why it is that the Eclectic and Homœopathic members ever submitted to such a construction or definition as to who are physicians," and further declares most righteously this distinction to be a wrong, and more—"an *insult* to their schools."

The leading article says: "Union of all the 'pathy's or 'isms can very easily be agreed upon, by simply giving up vague theory and adopting the actual deductions of experience; and thus the profession would not only be made more effective, but it would inspire confidence in our benign art of healing. Inasmuch as therapeutics cannot, as yet, be called an exact science, why such dogmatical adherence to a vague theory? And why the effort to force all physicians to accept as a guide a theory that they know is not true? Why ostracize those who use an unlimited Materia Medica? God formed a Materia Medica as broad as his unlimited universe, and it is our indispensable duty to investigate it. There are remedies not only to meet every disease but every pathological indication that we are subject to. All that is necessary to effect a union of opposing cliques and 'isms is that we accept any and all remedies that can be available in the mitigation and cure of the ills of suffering humanity. But Eclectics can never return to the illiberal, unreasonable and dogmatic code that debars a physician from the use of remedies not in the official list. This iniquitous proscription is a foul blot on the profession, and ought to be wiped out forever."

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RECENT PROGRESS IN MEDICINE.*

Cystitis In The Female.—Dr. Morris stated that fissure of the neck of the bladder was apparently much more commonly met with than fissure of the anus, but was seldom recognized. The fissure could be seen by gently distending the urethra with proper specula, and throwing in light with a head mirror. It was a narrow, grayish ulcer, similar to a narrow aphthous spot in the mouth. The primary symptoms were pain on urination, lasting tenesmus after urination, and frequent urination. Secondarily came catarrhal cystitis and nervous derangements. The ulcer might be caused by the compression of folds of urethral mucous membrane by a uterus out of place, from a scratch by a passing bit of gravel, or it might be simply microbic, as the aphthæ of the mouth were now known to be. Treatment consisted in dilating the urethra slowly with the finger, to accomplish the same end as when we stretched the sphincter of the anus for fissure in that locality. Immediately after urination a few drops of a five per cent. cocaine solution injected at the neck of the bladder would at once control the painful tenesmus. The wool tampon for the vagina would give a feeling of great comfort and lessen tendency to spasm of the bladder. Absorbent cotton should never be used for the tampon, because when it became stony in a few hours it irritated the bladder just as it usually did the uterus.

The above treatment failing to cure, the bladder should be opened to give the urethra rest. This was best done by introducing a Sims uterine dilator through the urethra, pressing the bladder-wall backward, and then slipping a scalpel through the wall between the blades, entering from the vaginal surface. In one aggravated case recently he had opened the bladder above the pubes and poured into it, twice daily, an ounce of a mixture of boroglyceride and glycerin. Boroglyceride and glycerin was the best thing for any sort of hypertrophic catarrh. Clots in the bladder should be digested out with pepsin. If the bladder was acidulated with citric acid, pepsin would digest the thick tenacious muco-pus quickly, and give patients great relief. In old cases with con-

*A Monthly Review of Practical Medicine, edited by Robert Safford Newton, M. D.

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tracted bladder, expansion daily with Davidson's syringe and warm boric-acid solution would gradually enable the bladder to hold a pint or more of urine. Skene and Emmet, in their latest works, had referred to this subject of fissure of the neck of the bladder; but English literature previously contained almost nothing on the subject, although the disease in question was commonly met with. —*Therapeutic Gaz.*, April.

Acetanilide Poisoning.—Several cases have been reported lately. 1. Dr. Marechaux reports case of child 5 months, four grains given in mistake, in 3 hours child was insensible, cold, eyes turned, cyanised, heat, stimulants, restored in twenty-four hours.

2. Drs. Bokenham and Lloyd Jones gave 4 grains to lady 43 years, the dose was repeated in half an hour, 3 hours after she had a sensation of suffocation, a pain started from the cardiac region to the left shoulder and she lost consciousness, four hours later pulse 108, resp., 24, temp., 99°. Heat, stimulants, digitalis and strychnia, restored patient in 30 hours.

3. Dr. Armstrong, of New Orleans, (*Ther. Gaz.*, April, '90) by mistake eight powders or 120 grains was given, when the doctor called he found the patient's skin was cold and blue, with general symptoms of collapse, vomited freely, in attempting to arise fell to floor unconscious, there was but slight muscular control, heart's action very rapid. Usual treatment ordered. Vomiting continued all night, next day very feeble, but that night was as well as usual.

R. S. N.

The Evils of Hypnotism.—Professor Germain Sée, in a recent series of lectures on "Sleep, Insomnia, and Somniferous Agents," has called attention to some of the evils which he thinks map be derived from hypnotic practices when employed for therapeutic ends. Hypnotism favors and develops tendencies to hysteria. Hysteria is a disease in which the higher cerebral activities are suspended; now this is a leading and essential characteristic of the hypnotic state. The Minister of War in France, in consequence of certain bad results, has forbidden military physicians to resort to hypnotism among the soldiers from fear that hysteria might be prevalent in the army. The same proscription, says Professor Sée, ought, with at least equal force, to apply to the practice of hypnotizing children, who may be made fools or crazy by the constant repetition of such practice. Gilles-de-la-Tourette declares that those that are hysterically predisposed are

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almost certainly made hysterical by frequent hypnotizing, and as for those already hysterical, if, by chance, one now and then succeeds in curing a paralysis or a contracture, it is only to make the disease locate itself elsewhere or substitute for the contracture or paralysis a series of fits.—*Ther. Gaz.*, May, '90.

Ocular Complications in Influenza.—"In the February number of the *Recueil d'Opthalmologie*, Dr. Galezowski describes two forms of ocular affection which have been seen by him. In the one the conjunctiva is alone attacked, and the symptoms usually come on at the commencement of the disease. There is pain around one eye, and the lids feel heavy and tend to droop involuntarily, as if the patient were sleepy. Lacrymation and photophobia are frequently present, and the vision fails after a few seconds on attempting to read. In the morning the lids adhere, but there is not much secretion. The vessels of the sclerotic are distended, but the pupils act perfectly. The author attributes these symptoms to neurosis of the fifth nerve. The other class of cases presents a more serious complication, for in it the cornea becomes superficially ulcerated over a large area of triangular shape, the base being toward the circumference, and the apex reaching to the centre of the cornea. The ulcerated area becomes completely anæsthetic, while there is hyperæsthesia of the adjacent corneal tissue. The ulcer tends to increase in size but not in depth. The complication appears late, often during convalescence; the prognosis appears to be favorable. This complication would also seem to be due to some abnormal condition of innervation."—*British Medical Journal.*

Lassar's Treatment of Baldness.—The treatment recommended by Lassar, of Berlin, for alopecia pityrodes and alopecia areata has been attended with some brilliant results. According to Dr. Graetzer's article, in the *Therapeutische Monatsschrift*, but few cases resist the treatment, and after few applications the downy sprouts may be seen. The following procedure is to be repeated daily: 1. The scalp should be lathered well with a strong tar soap for ten minutes. 2. This lather is to be removed with lukewarm water, followed by colder water in abundance; then the scalp is to be dried. 3. A solution of bichloride of mercury, 1 to 900, the menstruum being equal parts of water, glycerine, and cologne or alcohol, is to be rubbed on. 4. The scalp is then rubbed dry with a solution containing beta-naphthol, 1 part, and absolute alcohol,

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200 parts. 5. The final step in the process is an anointing of the scalp with an unguent containing two parts of salicylic acid, three parts of tincture of benzoin, and 100 parts of neat's-foot oil. This treatment should be persisted in for a period of six weeks or longer. Lassar, who, by the way, is the secretary-general to the International Congress of this year, has done much to awaken the profession from the legarthic state into which it had fallen in regard to the treatment of alopecia; he is reported to have treated a thousand cases in the manner described. The attitude of physicians toward this affection of the scalp has been one of inattention and indifference. When a young man comes under notice whose baldness is conspicuous his case has not uncommonly been the subject of some trivial remark ascribing the causation of the trouble to excesses *in Venere et Baccho*, or of the more sarcastic vulgarism bearing upon the affected person's "early piety." These supposed causes may be wide of the mark. The parasitic theory of the causation of hair-fall, as advocated by Unna and Sehlen, has its support in those not infrequent cases where the trouble seems to be referable to the use of unclean utensils by the barber. In this class of cases Lassar's treatment will find its indications and successes more frequently than in that other, neurotic, class described by Michelson and Schütz as occurring in young persons who have a "nervous" history or have met with a traumatism affecting the head and brain.—*N. Y. Med. Jour.*, May.

On the Prescription of Alcoholic Stimulants.—That it is possible to treat cases, both medical and surgical, and obtain results that are considered perfectly satisfactory, without the use of alcohol either as a food or a medicine, may be accepted as a demonstrated fact. The experience of the London Temperance Hospital shows that patients recover even after severe surgical operations, although alcoholic stimulants are entirely withheld. The experience of Kane in the Arctic region, and Parkes in the Ashantee campaign, show that, under the very exceptional conditions they encountered, alcohol was not only not necessary, but actually lessened the power of vital resistance. Stanley says that indulgence in alcohol in tropical Africa, even in the form of the lightest beer or wine, is fatal to Europeans. At the same time, it must be acknowledged that in the temperate zone civilized man almost universally uses alcohol as an accessory food, in some form or other, and that physicians, by general consent, accord to alcoholic stimulants an important

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place in therapeutics. As stated above, there are exceptions to this, and some physicians are opposed to their use absolutely, and appear to have no great difficulty in practicing medicine without their aid. But these extreme partisans of total abstinence are rare and far between. The question still undecided is, Do patients recover as quickly, as safely, and as comfortably without alcohol as they do when it is judiciously administered? By common consent this is answered in the negative, with the proviso, however, that as alcohol powerfully influences the vital functions, its physiological action should be kept in mind, and it should be prescribed with as much care as any other toxic agent.—*N. Y. Med. Jour.*, May 24, '90.

Disappearance and Return of Tubercle Bacilli in the Sputum.—Upon the basis of bacteriological investigation, Wintermitz concludes that an incomplete disappearance of tubercle bacilli from the sputum renders a new exacerbation of the process possible, although the ordinary clinical aspect of the case may be favorable; while even a complete disappearance of the bacilli does not exclude a return of the destructive processes. For these reasons he ascribes the greatest importance to the character of the clinical signs, while positive and negative evidence on the part of the bacilli only serves to increase the importance of the former.—*Cent. f. Bak. und Parasitenkunde.*

Camphoric Acid in Phthisis.—It is reported at the Medical Clinic of Greifswald that camphoric acid in a single dose of 1 grm. produces excellent results in the night sweats of phthisis. It is said to be well borne in all cases.—*Corres. für Schw. Aerzte.*

A Remedy for Chilblains.—The following salve will be found very useful:

℞ Zinci Sulph.
Acid. Tannici.....āā gr. xxx
Ung. aquæ Rosæ... ʒ i. M.

Treatment of Eczema.—Professor Pick, at the meeting of German Dermatologists, held at Prague, last year, read a paper embodying his views of the treatment of eczema.

In the development of the disease one should draw a clear line of distinction between the proper eczematous process and the septic complications called by Hebra eczema impetiginosum.

The indications to be fulfilled by treatment are to protect the skin from external irritation and to prevent local infection. The

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following formula, which has been thoroughly tested by Pick, fulfills these indications besides being quite unirritating :

℞ Gelatinæ albæ.....30.0 (450 grains)
Aquæ dest..... q. s.

Macerate for several hours, then liquefy over a water bath, and evaporate to 35.0 (525 grains) by weight.

Add: Glycerine.....25.0 (275 grains)
Hydrarg chlor. Corris.0.05 ($\frac{1}{8}$ grain)

The preparation should be applied with a brush, having beforehand been rendered liquid over a water bath.

It is indicated in the dry stage of the disease only, as moisture prevents it adhering to the skin.

In the moist stage of eczema and for the chronic form of the disease, with more or less thickening of the cutis, the salicylic acid and soap plaster fulfills all the indications for a permanent application.

The following formula is used by Pick in the preparation of his plaster:

℞. Emplast. Saponat. Liquef. 100.0 (1500 grains)
Acid. Salicylic..... 5.0 (75 grains)

Mix and spread on linen or cotton cloth. To increase the adhesive powers of the plaster, twenty per cent. of olive oil may be added to the above formula, and the amount of the salicylic acid may be increased or diminished according to the amount of infiltration of the skin.

The plaster must be cut into narrow strips and closely applied to the surface, where it may remain undisturbed for several days. —*Jour. Cutan. and Genito Urinary Dis.* April, 1890.

Epistaxis.—Dr. Joal has classified the epistaxis into

1. Traumatic and ulcerative (falls on the head, blows on the nose, cauterization, ulcerations of the pituitary membrane).

2. Dyscrasic (alterations in the vessels or blood, hæmophilia, scurvy, hepatic conditions, renal diseases, arterio-sclerosis).

3. Mechanical (increase of pressures in arterial or venous system; efforts, cries, attacks of coughing, vomitings, tumors of the neck, enlargement of the right heart).

4. Vaso-Motor (turgescence from saflex erection of the tissue).

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The last group comprises all these hemorrhages commonly described as essential, idiopathic or spontaneous, and their causation is easily explained. Turgescence of the turbinated bodies leads to rupture and hemorrhage. This tissue is capable of enlargement either from slight excitation of the nasal mucosa, of the skin, of the eye, or from psychical causes. But the most frequent cause of epistaxis occurring at the age of puberty is physiological or pathological irritation of the sexual organs. There is a correlation between the nose and the reproductive apparatus, as is seen in the influence of odors in man and animals on the genital function, and the turgescence of the turbinated bodies by the genital act, or by menstrual congestion, catamenial, etc., epistaxes and those occurring as the result of onanism.—*Rev. Mens de Laryngal*, No. 3, '90.

Ozæna and Its Treatment.—Many consider ozæna to be a non-ulcerative affection with crust concretions, elimination of bad odors and resulting deformity. Mackenzie and many others regard its etiology in an arrested development of the turbinated bodies, from which arises excessive space in the nasal fossæ, causing an insufficient cleansing of the expired air, with decomposition of the secretions. Frankel, atttributes ozæna to inflammation of the pituitary mucosa, leading to hypertrophy, followed by atrophy with chronic catarrh and decomposition of the secretions. Solis-Cohen regards it as an atrophia rhinitis. Michel of Cologne, believes it an affection of the sinus. Ronge insists upon a caries condition of the fine nasal bones. Ziem regards it as due to a ferment of microbic nature, while Loewenberg describes and believes in a special micrococcus. Treatment is varied, and though local treatment is essential to remove the secretions and arrest the terrible odor, general medication should not be neglected. Local treatment should be by douches or sprays—preferably sprays—all lotions and gargles are deceptive and troublesome, antiseptic powders and liquids are of the first importance, *e. g.*, phenic acid, boric acid, chloral, salicylic acid, resorcin, listerine, campho-phenique, peroxide of hydrogen; then astrigents, *e. g.*, tannin, alum, pinus canadensis. Alkaline solutions cause the odor to disappear, *e. g.*, bichromate of soda, borax, sales water, sulphur water, chlorate of potash. This treatment must be used several times a day, and continued for years if necessary. General tonic medication, cod-liver oil, malt, salts of potash, dry, warm climate and sea bathing, will be found indispensable adjuvants.—*R. S. N.*

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The State of the Larynx in Ventriloquists. — Sommerbrodt recently examined a ventriloquist during his performance and found the velum strongly retracted, cutting off the naso-pharynx. In normal speaking the expiratory air current passes through the whole glottis, but during the ventriloquial act there is a closure of both posterior parts of the vocal bands. The air current passes through a little triangular opening lying in the anterior part of the glottis. By this closure the posterior part of the glottis cannot participate in the vibrations. Ventriloquizing has therefore the same mechanism as the falsetto voice and might be called the falsetto of the speaking voice. *R. S. N.*

Pruritus, Salicylate of Sodium in.—Wertheimer advises the use of this drug in general pruritus of various origins; he uses a 3 per cent. solution, giving a tablespoonful thrice daily. This plan of treatment he says "will not only promptly moderate the unpleasant pruritic symptoms, but also radically remove the underlying disease."—*Journal Amer. Ass'n*, May, 90.

Relief for the Albuminuria of Pregnancy.—At a recent meeting of Georgia physicians, Dr. Griggs stated that he was in the habit of administering chloroform in doses from twelve to twenty drops in sweetened water, four times daily, in cases of pregnant women in whose urine there was a great amount of albumin, with general anasarca. The result was always good being marked by diminution of albumin and subsidence of the anasarca. He also believed that the occurrence of puerperal eclampsia was thereby prevented.

Erysipelas, its Treatment.—Koch (in the *Wiener Klin Woch.* No. 27) highly recommends an ointment made of Creoline 1. Iodoform 4. Lanolin 10., to be applied with a brush over the affected part and for a distance of two or three inches over the healthy skin.

Malaria.—Dr. Plehn recently (Med. Society, Berlin, March 5, 1890) gave his views, the result of laboratory work upon malaria. He reports that of five cases he had in four been able to discover in the blood the parasite described by Laverau. These micro-organisms are only found in the blood of malarious subjects, and have never been found in healthy blood or in any other disease than malaria. If we consider besides that these micro-organisms reach promptly to quinine. He believes that we may affirm that they are the pathogenic matter of malaria.

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Editor's Table.

MEDICAL MONOPOLY AND EDUCATION.

THE dominant school of medicine is still clamoring for a monopoly in medical practice, on the pretence that it is in the interest of a higher medical education. At the present time there are two bills before Congress to regulate the practice of medicine in the District of Columbia by creating a single Board of Medical Examiners. These bills are clearly in the interest of certain classes of medical men, granting them special privileges in violation of the constitutional rights of other physicians and of the citizens at large.

We are glad to learn, however, that the eclectics of Washington have organized and entered a vigorous protest against these bills, with a fair prospect of defeating them.

At the meeting of the American Medical Association held in Nashville, Tenn., May 20th and 23d, 1890, the president in his address advocated the re-establishment of the National Board of Health and the appointment of a Health Minister as an additional member of the Cabinet. This proposition met with general approval from the members, for, if carried out, it would place the entire control of a large part of the business of the government in the hands of the Allopathic school of Medicine, and the adherents of other schools would be debarred from any share in the public service, just as they are now excluded from positions in the Army and Navy.

In marked contrast to the unanimity with which this recommendation was received, we need only mention the strong opposition manifested against the recommendation "that a slight knowledge of Latin be made one of the required preliminaries to the study of medicine." It was strongly argued that the enforcement of this requirement was not expedient, as it would materially decrease the number of students attending the medical colleges, and might force some of them to close their doors. Yet these are the men who are constantly demanding medical legislation that would give them absolute control of all State medical appointments and also of the medical practice of the country.

These efforts to secure this medical monopoly have not been

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very successful during the past winter; but they are already planning for a more vigorous campaign in many of the States next winter. It, therefore, behooves eclectics and all lovers of liberty and justice to be on the watch, and to vote for no one at the fall elections but those who pledge themselves against all sectarian medical legislation.

Education should be the only standard of regularity for a physician, and no medical college should confer a diploma on a person who cannot read his diploma or write a correct prescription. In fact we know two physicians who strongly advocated the passage of the bill providing for a single Board of Medical Examiners in this State last winter, neither of whom can write a correct prescription. We have seen their prescriptions with the name of one ingredient written in the Latin nominative, one in the genitive, and one in English; while in some cases we have known them to write *Iodidæ Potasa* for Potassii Iodidi. One of these men in reading a prescription would always read *Sig.*, the abbreviation for *Signa*, as signature. Yet these men clamor for more rigid examinations than is required by our medical colleges to prevent incompetent men from entering the profession. It is always thus. The ignorant and incompetent, and the morally weak are always asking for legislation to protect them against their superiors.

Medicine, like other departments of science, has been a gradual evolution, and every attempt to hedge it in by legislative enactments, has retarded its real progress. If we have the real interest of our profession at heart, and not personal gains, we should encourage young men who desire to study medicine to take a complete college course, or its equivalent, before entering on a medical course of study. When they graduate they should still be students in the broadest sense of the term. The doctor should be an all-around student, for he who knows nothing of but medicine will soon find that he knows but little of that. Above all things every physician should understand the political history of our country, the principles on which our government is founded, and the meaning of personal rights as defined by our Constitution. With even this education we would soon see the end of medical legislation, and medical practice, in the future as in the past, would receive valuable contributions from the profound scientist or the untutored savage, without a question as to "whence it came," the only inquiry being "does it relieve human suffering?"

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We have always advocated a high standard of literary and medical education for graduation in medicine, but we do not believe that legislation will secure it. We are opposed to a medical monopoly and consequently to all class legislation ; and we believe in the right of every citizen to employ whom they please to treat them when sick, so long as the person employed does not resort to misrepresentaion regarding his or her method of treatment. If the old school had had their way neither the eclectic nor the homœopathic schools would have come into existence ; and now that we have secured certain rights, that we are still forced to fight for, is it consistent that we should join hands with our old-time enemies, in trying to exclude others from the privileges we enjoy ?

So long as we have a tongue to speak or a pen to wield we will advocate this equal justice to all ; oppose all forms of medical monopoly ; and advocate that high standard of medical education that can only be acquired by those who are willing to learn the truth from every source, and who are so firm in the knowledge of their strength, as well as in the strength of their knowledge, that they need no laws to protect them against ignorant pretenders either within or outside the ranks of the profession.

THE MEDICAL FEATURES OF THE CENSUS.

THE announcement that the census enumerators were instructed to ask questions regarding the physical and mental condition of citizens, and the assertion that a refusal to answer such questions would be punished by fine and imprisonment, at once raised a storm of indignation all over the country. The opinions of leading lawyers in all our large cities concur in considering any attempt to enforce answers to such questions unconstitutional ; and yet there is no doubt that these questions will be asked, and answered by many—truthfully or falsely, they will be answered.

Dr. John S. Billings, U. S. Army, who is announced as being "in charge of vital statistics and statistics of special classes," has addressed a circular to the medical profession, asking their assistance in making the reports of the census as complete as possible in certain matters which are of special interest to the medical profession. He admits that the enumerators' returns will be incomplete and misleading, and asks the members of the medical profession to fur-

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nish information which has been imparted to them as sacred trusts, by patients who would themselves refuse to answer the questions.

It is evident that it is intended to compile from these answers medical statistics, which will be published to the world as scientific data on which to base arguments and draw deductions. The absurdity and uselessness of such statistics is apparent even to a casual observer.

Many persons who would willingly answer the questions, do not know what acute or chronic diseases they or their family may be suffering from, consequently their answers would be of no value. Others are not willing to admit that they are suffering from any disease, or that any one of their family is weak-minded or insane, and these persons will either refuse to answer or will do so in the negative. Physicians who have any appreciation of what is due to their patients, will decline to make the returns asked for, and therefore no satisfactory verification of the enumerators' returns can be secured. Now, when the statistics are made up, what will they teach us? Can they be of any value to the profession or the nation? Will they tell us what per cent. of our population are afflicted with syphilis? Will they give us any idea of the number of cases of ovarian tumor, or uterine disease we have? Can we have recorded the number of weak-minded children there are? In short, can we have in any one class of diseases sufficient data on which to base statistics that will be anything but false and misleading? We answer assuredly not. Then why add largely to the expenses of the census taking; why make ourselves ridiculous by attempting to compete with the despotic nations of Europe, whose people are serfs, in pretending that such statistics can be of any value to a learned profession or to the people at large.

It seems to us that the placing of Dr. Billings in charge of this branch of the census-taking, is the result of an attempt on the part of the old-fogy element of the allopathic school, to place the entering wedge for the appointment of a Medical Secretary as a member of the President's Cabinet. We feel confident, however, that this plot will not succeed, and we predict a complete failure of all that part of the census taking which attempts to violate the sacredness of the family, the person, or the private business of our citizens.

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PERSONAL MENTIONS.

ROBERT SAFFORD NEWTON, M.D.—We are pleased to announce that Dr. Robert S. Newton, will furnish for THE MEDICAL TRIBUNE a series of practical articles on *Nervous Disorders* and their treatment. The first article, entitled "Infantile Paralysis," appeared in our May issue, and in this issue will be found an interesting one on "Chorea." These articles will continue throughout the year, and will form a valuable contribution to the therapeutics of nervous diseases.

Dr. Newton has had advantages in the leading hospitals of London, Paris and New York, which must prove of great advantage to him in giving the most modern views of mental physiology and nervous pathology.

R. A. WILLIAMS, M.D.—Dr. R. A. Williams, of Olathe, Kansas, writes us that Eclecticism is flourishing in his State, and that they have made their influence felt. They have two members of the State Board of Health, of which he is one, and no sectarian medical legislation is possible now.

We have just received from him, a pamphlet entitled "Public Health vs. Public Wealth," which was read by him before the State Sanitary Convention, at Lawrence, Kansas. It is worthy of a careful perusal and we have no doubt the doctor would send a copy to any one who writes for it.

JOSEPH ADOLPHUS, M.D.—Prof. Adolphus has promised to contribute to our pages, and we are sure those of our readers who are familiar with his writings will be pleased to see an occasional article over his signature.

NECROLOGY.

DR. HORATIO G. NEWTON.

HORATIO GIDEON NEWTON, M. D., died at his residence, No. 302 Columbus Avenue, Boston, Mass., May 17, 1890, of malignant disease of the liver, after an illness of two months, aged sixty-one years. Dr. Newton was a son of Rev. Gideon J. Newton, and born July 22, 1829. He received a common school education, and was fitted for college at the East Corinth Academy, Maine, taught school for some time, then entered college in 1849 under the pupilage of his uncle, Prof. Calvin Newton, A. M., M. D., and Prof. E.

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Morgan Parriot, M. D., graduated from the "Worcester Medical College," 1853. On the death of his uncle he assumed the editorship of the *Worcester Medical Journal*. In 1855 he commenced the practice of medicine in Bangor, Me., removing to Portland in 1858, where he remained until the great fire of 1866. In 1867 he removed to Provincetown, Mass., partly on account of his health, where he was appointed physician to the Board of Health and Port physician. In 1873 he moved to Boston, Mass., where he resided until his death, enjoying a large practice.

He held official positions in various orders, among them Surgeon to Order of Manchester Unity and examining surgeon of America Lodge I. O. O. F., and was censor of the New York Eclectic Medical College.

He leaves a wife and married daughter. We clip the following from the Boston *Herald* of May 22, 1890:

"The friends of the late Dr. Horatio G. Newton gathered in large numbers yesterday afternoon to take part in the funeral services over his remains at the Church of the Unity, West Newton Street. These were conducted by Rev. M. J. Savage, and consisted of the Unitarian burial service and a brief address, in which his pastor paid a warm tribute to the manly, consistent and charitable character of the dead physician, with singing by the Mendelssohn female quartet. At the close of this service that of the order of Odd Fellows was conducted by P. G. F. A. E. Hamilton, as chaplain of America Lodge 191, with which the services at the church closed, when the remains were conveyed to Mt. Hope cemetery and there interred, the following officiating as pallbearers: P. G. C. A. Dewing, P. G. A. J. E. Lord, P. G. R. J. McKenzie and P. G. Eben L. Davis from American Lodge and Massasoit Encampment 1, I. O. O. F.; A. F. Cheney and Henry Ross of Royal Irving Lodge, I. O. O. F., Manchester Unity, and Chevaliers Sanborn and Anderson of grand canton Shawmut. Around the casket in the church were many handsome floral designs contributed by associations to which the deceased belonged. The remains were escorted to the church by grand canton Shawmut, I. O. O. F., and Massasoit Encampment 1, both in full uniform; Royal Irving Lodge and America Lodge, in regalia, and at the grave the beautiful service of the grand canton Shawmut was conducted by Maj. Frank D. Jones and Adjt. C. N. Chater, the latter acting as chaplain."

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RECENT PUBLICATIONS.

THE physical law influencing sex* is a subject upon which there has been much speculation, with but little satisfactory results, so far as logical deductions are concerned. The work before us, however, seems to furnish so much collateral proof in favor of the theory advanced regarding the influencing of the sex of offspring, that it at once commands attention. The author writes with an earnestness born of conviction, and his work is deserving the careful study of the profession, as well as of every person who desires to become a parent.

The proposition advanced is: "That at the generation of male offspring the mother must be in a higher degree of sexual excitement than the father. And reversely, at the generation of female offspring, the father must be in a higher state of such excitement than the mother." But this is not all. The author points out the necessity of parents being in such physical condition as to favor the operations of this law. The statistics of rural and urban districts, and the analyses of the observations go far to establish the truth of the theory advocated. Though a layman, the author has evidently given such careful attention to this subject as to entitle him to speak, and there is much in his book, bearing on the general well being of the race that every physician would do well to study and then expound to his patients. Our space is too limited to do justice to the views of the author, and therefore we recommend our readers to study this book for themselves, and we are sure they will consider the time well spent.

PROCEEDINGS OF SOCIETIES.

THE TENNESSEE STATE ECLECTIC MEDICAL ASSOCIATION met at Nashville, April 8th, 1890, at 10 A. M., and continued in session two days. Many interesting papers were read which were followed by general discussion. Dr. F. H. Fisk, the Secretary, made an extended annual report, which showed the Society to be in a flourishing condition.

The following resolution was unanimously adopted: *Resolved*, That the Re-

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* Controlling Sex in Generation. The physical Law Influencing sex in the Embryo of Man and Brute, and its Direction to Produce Male or Female offspring at will. By Samuel H. Terry, New York. Clark & Zugalla, Publishers, 33–43 Gold Street, 1889—Third Edition—Price, $1.00.

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cording Secretary be instructed to inform the Eclectic Medical Colleges of the United States, that it is the sense of this Society that all Medical Colleges should require students to attend three or more full courses of lectures before graduation.

Dr. W. N. Holmes, President of the Association, delivered an interesting annual address, in which he defined the Eclectic practice of medicine, and detailed its progress in a manner that called forth the strongest commendations of those present.

The following officers were elected for the ensuing year: President—Dr. W. N. Holmes, Milan; 1st Vice-President—Dr. W. J. Heacker, Beans Station; 2d Vice-President—Dr. R. A. Hicks, Trenton; Treasurer—Dr. G. M. Hite, Nashville; Recording Secretary—Dr. F. H. Fisk, Nashville; Corresponding Secretary—Dr. E. C. Anderson, Chattanooga.

A full delegation was appointed to attend the meeting of the National, at Niagara Falls.

THE ECLECTIC MEDICAL AND SURGICAL SOCIRTY OF MICHIGAN met in annual convention at Grand Rapids, May 21st, 1890. Mayor Uhl made an address of welcome which was followed by the president's annual address.

The meeting was well attended and several valuable papers were read. The Society seemed determined to make an aggressive movement with the view of securing official State recognition. A special committee offered the following preamble and resolutions, which were unanimously adopted:

WHEREAS, An invidious and unjust discrimination excludes physicians of the Eclectic school of medicine from all of the privileges and advantages accorded to medical men of other schools, both in the State university and in appointments to medical positions in the various State institutions; and

WHEREAS, As a school of medicine, we are laboring under disabilities and indignities which cannot be justified; therefore

Resolved, That we protest against the policy which educates and fosters one class of men to the exclusion of others, and demand that the State either abandon the business of educating physicians or extend its favors to all schools alike.

Resolved, That positions filled by medical men under appointment by officers of the state should be open to all legally qualified medical men without reference to the school or system to which they may adhere.

Resolved, That we demand representation upon the State board of health and in the various penal and charitable institutions supported by State taxation; and,

Resolved, That we request our legislative committee to use their best endeavor to secure a statute law making it a libel to call or designate a graduate of any legally chartered medical college an irregular physician.

Dr. B. P. Wright as chairman of another special committee presented the following:

WHEREAS, The quiet appropriation of the hospitals of this city by the so-called regular school of medicine, to their exclusive control and management has come to the knowledge of this Society, and,

WHEREAS, We recognize in this only one more added to the many examples of the disposition of that school to monopolize all public institutions conferring either profit or honor, to the exclusion of others. Therefore, be it

Resolved, That it is the sense of the Eclectic Medical and Surgical Society of

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Michigan that this assumption of authority, this monopoly, this ignoring of other schools, is unjust and unbecoming ; and we hereby record our appreciation of the situation and our earnest protest against such intolerance.

The officers for the ensuing year are as follows : President, Dr. George W. Nafe, Tremont ; first Vice-President, Dr. H. S. Holden, Rockford ; second Vice-President, Dr. Mary V. Cosford, Mancelona ; third Vice-President, Dr. Zell L. Baldwin, Lawrence ; Secretary, Dr. Hamilton S. McMaster, Dowagiac ; Treasurer, Dr. Wm. W. Easton, Dowagiac ; Censors, Drs. Wm. Bell, J. D. Crum, C. H. Lamoreaux, W. L. Mark, W. B. Church, and E. Blackman.

It was resolved to hold the next meeting at Lancing, the capital of the State, during the next session of the Legislature.

This society owes much of its prosperity to the indefatigable labors of Dr. H. S. McMaster, who has so long filled the office of secretary ; and we feel confident that his labors will be as untiring in the future as they have been in the past, and that he will be able to report before the close of another year, that the Eclectics of Michigan have secured equal rights with the other schools of medicine.

ILLINOIS ECLECTIC MEDICAL SOCIETY.—The annual meeting of the Illinois Eclectic Medical Society, at Springfield, May 21-22, 1890, is praised by all who attended it, as the best one ever attended in this State. Its able and enthusiastic president, and its most effective of secretaries had prepared a magnificent programme and worked every point necessary to success. The sections were handled with an ability that honored their officers and the one who selected them. Thirty-six professional papers were read, that would do honor to any medical organization in America ; and the discussions were in keeping with them. The representative Eclectics of Illinois were present, and contributed to this gratifying success.

Prof. Finley Ellingwood, of Chicago, was re-elected President, and Dr. W. E. Kinnett, of Yorkville, Secretary. Both these are young men of more than the usual activity, and should be long kept in office. In short, there is good promise for the future.

THE MASSACHUSETTS ECLECTIC MEDICAL SOCIETY met in annual convention at the Hotel Thorndike, June 5th and 6th, 1890.

During the first day essays were read by Drs. C. Edwin Miles, Pitts E. Howes and P. S. W. Geddes ; and the treasurer presented a highly satisfactory report.

A committee was appointed to draft resolutions of condolence on the death of Dr. H. G. Newton, a short sketch of whose life appears in another page of this issue of THE MEDICAL TRIBUNE.

The following officers were then elected for the ensuing year :

President, Dr. B. H. Burrell ; Vice-President, Dr. H. A. Williams ; Treasurer, Dr. E. E. Spencer ; Secretary, Dr. Wallace Abbott ; Corresponding Secretary, Dr. D. F. Roche ; Librarian, Dr. G. H. Merkell ; Councillors, Drs. J. P. Bills, J. D. Young, A. L. Chase, A. W. Forbush, and P. S. W. Geddes.

On the second day interesting papers were read by Drs. Burrell, Abbott and Spencer. Dr. Tabor made a report on the proceedings of the National Association, at its meeting at Nashville, last year, and evidently his report was a misstatement of facts, for Dr. Spencer seems to have made a personal and unwarranted attack on Dr. S. B. Munn, of Connecticut. Dr. Munn read a paper at the National, in which he protested against the term "quack" being applied to Eclectics by the

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old school, and incidentally related one or two incidents in practice that fell under his observation. If Dr. Spencer had read the paper, which is published in the last volume of the National Transactions he would have been better informed and would not have done Dr. Munn the injustice he did.

Our Boston friends seem to think that the old school physicians treat them as gentlemen, but we know to the contrary. About a year ago we had a patient visiting at Cambridge, and we advised her on leaving New York to send for Dr. E. E. Spencer, if she needed a physician while there. On her return she told me that her friend's doctor had informed her that Dr. Spencer was an *irregular*, and therefore she did not send for him, though she was sick for three weeks and needed a doctor every day. This digression is intended to show how uncalled for was the attack made on Dr. Munn, who should be honored for "the enemies he has made."

The matter of reviving the Worcester Medical College, was called up by Dr. Merkell, and was referred to a committee for consideration.

The business completed, the members sat down to the annual dinner, at which Dr. C. E. Miles presided.

Dr. Huldah T. Gunn, of New York, was present as a delegate from the Eclectic Medical Society of the State of New York, and Drs. Beuermann and Hyde, from the New York Eclectic Medical College.

MISCELLANY.

PATHOLOGY OF EXTENSIVE BURNS.—Oscar Silbermann, of Bresslau, finds that in extensive burns the corpuscles alter their form, and are able to exert less than their normal resistance to heat, drying, compression and staining. In consequence of these changes, thrombosis and stasis in different organs are very frequent, especially in the lungs, kidneys, stomach, bowels, spleen, liver, skin and brain, and most of all, in the smaller branches of the pulmonary artery. The stasis in the lungs produces a very considerable impediment to the emptying of the right ventricle, with enormous venous congestion and dangerous arterial anæmia. This again leads to apoplexies and parenchymatous alterations in the above mentioned organs, also to dyspnœa, cyanosis, coma, a small pulse, angina pectoris, eclampsia, anuria and to a diminution of the surface temperature.—*Lancet.*

TREATMENT FOR CHRONIC LEG ULCERS.—Dr. Ivan A. Praxin, of St. Petersburg, warmly recommends a simple method of treatment, successfully practiced by him in atonic crural ulcers with sclerotized edges. The method consists in making multiple radiating incisions, penetrating through the whole thickness of the edge, and situated so that the inner third of each incision divides the granulating bottom of the ulcers, the middle one its edge, and the outer third the adjacent healthy skin. The distances between the incisions should be equal approximately to two or three breadths of the edge. To secure gaping, plugs should be inserted into each wound for a few days. When treated after this plan, callous ulcers, varying in size from a dime to half of the palm, are said to heal as swiftly as any simple ulcer, provided their neighborhood is free from inflammatory œdema and venous congestion.—*Weekly Medical Review.*

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The Medical Tribune.

ROBERT A. GUNN, M.D., EDITOR.

VOL. VI. JULY 15, 1890. No. 5.

THE NATIONAL ECLECTIC MEDICAL ASSOCIATION.

THE twentieth annual meeting of the National Eclectic Medical Association was held at the International Hotel, Niagara Falls, N. Y., June 17, 18, and 19, 1890. The chair was taken at 10 o'clock on Tuesday morning by Dr. William T. Gemmill, of Forest, Ohio, and the Rev. George F. Rosenmuller, Rector of St. Peter's Church, offered prayer.

The attendance of members and delegates was about two hundred and fifty.

Dr. Robert A. Gunn, President of the Eclectic Medical Society of the State of New York, was introduced, and in behalf of the Eclectic Medical Society of Western New York welcomed the Association to the Empire State in the following brief address :

MR. PRESIDENT, OFFICERS, MEMBERS, AND DELEGATES OF THE NATIONAL ECLECTIC MEDICAL ASSOCIATION :

In behalf of the Eclectic Medical Society of Western New York, and by virtue of my position as the President of the Eclectic Medical Society of the State of New York, I stand before you to-day to welcome you within the borders of the Empire State ; and I can assure you that all that loyal hearts and willing hands can do to make your stay among us enjoyable will be done, and heartily done. You have all made great sacrifices to come here to attend this meeting. Some of you have come from the sloping hills and pleasant valleys of New England ; some from the cotton fields and orange groves of the sunny South ; some from the mountain-sides of the picturesque Alleghenys ; some from the great prairies of the West ; some, as I understand, from beyond the Rocky Mountains, along the Pacific Slope. You have come here, expecting to be benefited by the interchange of thought which must

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necessarily occur among so many representative men ; and we, the physicians of the State of New York, certainly trust that you will not only enjoy yourselves so far as the pleasures of your trip are concerned, but that this meeting may prove one of great profit to each and every individual present.

Standing here as I do to welcome you at this time, my mind reverts back to a period twenty years ago, when I had the honor, as the representative of the Eclectics of the city of Chicago, to extend the hand of welcome to the large body of Eclectic physicians who represented the several State societies there assembled for the purpose of organizing this National Association. Then I welcomed your predecessors, the representatives of your societies at that time, to the great city of Chicago—much greater since then. To-day it is certainly a great pleasure to me to stand before you to welcome you to the great State of New York, to see our greatest of all wonders, the Niagara Falls. We welcome you here, and assure you that you will have a free view of the Falls. You can buy all the curiosities you desire on almost every corner, and you can have rides free, and from that all the way up to any price you wish to pay. We of New York (for I am a New Yorker now) feel that we have much to boast of ; while each of you, coming as you do from every quarter of our vast country, no doubt thinks that your particular section can beat the universe. In this particular section of the old Empire State we boast of our great Niagara and our greater Falls, which commands the wonder and admiration of the world. With all your wonders of later date, we ask you to go and look upon ours, and beat it if you can.

The history of this Association is one in which I have been deeply interested, and with which my entire professional career has been to a great extent associated. I was Secretary of the Chicago Committee of Arrangements, and as such conducted the larger part of the correspondence preparatory to holding the first meeting of the Association in 1870. At the banquet given by the Chicago Eclectics on that occasion it was, as I before mentioned, my privilege to welcome the representatives from the several States. I served as Secretary of the Association for five years, and was an active member till 1884. Since then I have watched your progress with interest and pleasure ; and I believe that there is no similar body of men in the United States by whom so much is done year by year for the best interests of suffering humanity. It may be

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true that we do not have such elaborate papers ; that our researches are not conducted on the same *so-called* scientific scale as those of our Allopathic friends ; but there is one thing very certain, that the practical work that is done, and has been done, by this Association and its auxiliaries will compare favorably with that of any similar society in the world ; and so far as our therapeutics are concerned, we may certainly feel that we stand head and shoulders above them all. This is particularly apparent at the present time, when we know that our remedies are, day by day, and year by year, being adopted by other schools ; and although we do not always get the credit, still we have the satisfaction of knowing that our good work, and the good works of those who have gone before us, are bearing the ripe fruits of the labors that have been spent in the direction of therapeutics.

It is not my purpose to take up the time of this Association, because I know there is much business of interest to come before you. I will therefore conclude by again welcoming you on behalf of the Eclectic physicians of Western New York, and the State of New York ; and we trust that this meeting will prove one of the most prosperous in your history. We believe that the scientific papers to be presented and the discussions that follow will prove of inestimable value to our literature, and add to the renown of Eclectic Medicine, which is purely American in its origin and development.

Mr. President, ladies and gentlemen, I thank you for your kind attention. I bespeak for you a pleasant re-union at this time, and wish you all a *bon voyage* on the journey of life. (Applause.)

The President called upon Dr. Alex. Wilder, the Secretary, who replied briefly as follows :

DOCTOR GUNN :—Permit me, by the direction of the President of this Association, and in the name of the Association itself, as representing it, to thank you for this cordial reception. We are glad, coming into this old Empire State, upon her western frontier to find here brothers, friends and a cordial reception.

As an Association we are now virtually of age. You have told us that you were yourself at Chicago to greet us upon the inception into existence.

We are now completing our twenty-first year, and I trust that when we come to full age it will be a manly manhood and not a drivelling fag-end of a disgraceful childhood. (Applause.) We

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should be, and I trust we are, above the notion of using this Association as a mere partisan tool, an instrument to carry out personal ends that are selfish and dishonorable; and I further hope and ask that we bear in mind that our mission is not simply to bear an evangel of health to the world, but also a better Ethics, a better Therapeutics, a better Practice of Medicine. (Applause.) That is our professed purpose, as set forth in our constitution; that is the purpose set forth in our charter, the statute of incorporation under which we hold our legal existence, and in full accordance with that it should be our aim to walk worthily.

We have assembled here beside the Niagara. Behind that immense wall of limestone there is held back the water of four great lakes—four inland seas, the accumulations of nature, a vast stone of the past. After it passes that wall we find it collected in another lake, and then coursing onward to the ocean. That figure should be our own. As Eclectics, who prove all things, it is our part and allotment to take the mighty accumulations of others' learning, so like and analogous to those great lakes, as our lawful inheritance, and having taken them, having received them as our own, with all our researches, holding fast to the things which are good, and making the best of them, to pass the stream onward, not merely to a Lake Ontario of our own, not merely for the establishment of our own school of medicine, but for the purpose of moving still further on and mingling with the mighty ocean of Everlasting Truth. (Applause.) That is the vocation to which we have been called. With such an aim in mind we certainly have enough to charge us with the deepest solemnity, with the fullest conviction, and with the most intrepid purpose.

Coming hither into the State of New York I have a little the advantage of you. I was born in it, reared in it, and not imported into it, an exotic growth from across these waters. I think, therefore, that I have some right to speak for this commonwealth—imperial in her dimensions and power, the first to utter the gospel of reformed medicine to the American people, however much it may have been carried and nurtured elsewhere; her children of the light are still able to uphold the standard, to sustain the course, and to carry it to its ulterior triumph.

We are now here for professional purposes, and I trust that when we are through we shall feel, and have good cause to feel, that we have done that work which shall place our

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cause upon a basis which cannot be overthrown, and in such a view before the whole American people and before the whole civilized world that they will all acknowledge us, as so many are now obstinately reluctant, not only as physicians in very deed, but as scientific, and worthy of the confidence of a noble and high-minded community.

I thank you once more for this cordial reception, this hearty welcome. I thank you for all you have said in behalf of the Eclectics of the great State of New York, in behalf of those of the lesser Western New York, and I earnestly hope and trust that we shall have no regret, or cause for regret, that we have come hither.

The roll of officers was then called, and Vice-Presidents Pruitt and Fisk and Treasurer Anton were found to be absent.

Miss Helen M. Anton was announced by the President as Treasurer *ad interim.*

The roll of States and Colleges was called, and credentials duly announced from Maine, Vermont, Massachusetts, Connecticut, New York, New Jersey, Pennsylvania, Georgia, Indiana, Ohio, Michigan, Illinois, Wisconsin, Iowa, Missouri, Kansas, Texas, Tennessee, and Arkansas.

The President announced the following committees:

On Credentials—Drs. E Younkin, J. D. Crum, J. M. Scudder, J. W. R. Williams, and Wm. L. Tuttle.

On Affairs of Colleges—Drs. B. L. Yeagley, G. H. Hightower, H. Wohlgemuth, E. M. Ripley, and J. V. Stevens.

On Grievances—Drs. N. R. Martin, C. E. Miles, H. H. Green, C. M. Ewing, and S. B. Munn.

The credentials from the several States, local Societies and Colleges, which had been duly presented, were referred to the Committee on Credentials.

A communication was presented from the Indiana Eclectic Medical Association in regard to the Indiana Eclectic Medical College.

A memorial was also presented from the New Jersey Medical and Surgical College asking to be included among the institutions approved by the Association.

Both communications were referred to the Committee on Affairs of Colleges.

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The charges of M. G. Hart against Milton Jay were referred to the Committee on Grievances.

The annual report of the Treasurer was read and referred to the Auditing Committee.

The Association being now in working order, the President delivered his annual address. It will be found in the MEDICAL TRIBUNE for June.

On motion of Dr. Munn, the publication of the address was ordered.

Reports on the Status of Eclectic Medicine were presented from Ohio, Texas, Missouri, Illinois, Tennessee, and other States.

A recess was then taken till afternoon.

The afternoon session was called to order by President Gemmill at 2.30 o'clock.

The first business was to receive and adopt the report of the Committee on Credentials recommending candidates for permanent membership. About 130 delegates were then elected to membership.

The Auditing Committee announced their approval of the Treasurer's report, which showed the financial condition of the Association to be in a more satisfactory condition than it had been for several years.

Section work was now the order.

Section A, on Public Hygiene, State Medicine and Medical Jurisprudence, was organized. Vice-President Pruitt, the Chairman, being absent, Dr. J. V. Stevens of Wisconsin presided, and Dr. Beuermann of New York acted as Secretary. A number of interesting papers were read, while others were reported by title. Dr. A. L. Clark of Chicago spoke on State Medicine, and his remarks led to an animated discussion of the State Medical Boards and Medical Legislation. The doctor was asked to explain how it was that the Illinois State Board of Health, of which he was a member, designated allopaths as "physicians," while other practitioners are called Eclectics, Homœopaths, etc., but he failed to give a satisfactory answer. The old Eclectics had signalized themselves by their efforts to procure the abolition of the prohibitory and proscriptive statutes; and now for the professed Eclectics to advocate such legislation seems like a new kind of doctrine. Then, again, the Medical Boards, even when having an Eclectic or two on them, always discriminate invidiously between the

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"physician," who is always of the old school, and the others who are regarded and tolerated as mere sectaries, as is the case in Illinois.

Section B, on the Practice of Medicine, was next organized, and held a session. Drs. Fisk and McMaster, the President and Secretary, being both absent, Dr. H. Povall, of Mount Morris, N. Y., was appointed Chairman, and Dr. J. D. Crum, of Owosso, Mich., Secretary. The topic being one in which Eclectics excel, both as talkers and practitioners, the papers were excellent and the discussions both lively and of a practical character.

Mr. Weaver, of Buffalo, a stenographer, had been employed to report the discussions, and they will all appear in the next volume of the *Transactions*. Drs. Lee H. Smith, B. L. Yeagley, G. H. Merkel, H. H. Green and President Gemmill contributed the money to defray this expense.

As the Mutual Aid Society was to hold its annual meeting in the evening, the Association adjourned till Wednesday morning at 10 o'clock.

SECOND DAY'S SESSIONS.

The Association was called to order on Wednesday, June 18th, at 10 o'clock A. M., the President in the chair.

The journal of the first day's sessions was read by the Secretary and approved.

The Committee on Grievances having held a meeting Tuesday evening, took testimony on the case of Professor Jay, and now handed in their report as follows:

INTERNATIONAL HOTEL,
NIAGARA FALLS, N. Y., June 17, 1890.

To the President and Members of the National Eclectic Medical Association:

Your Committee on Grievances, to whom were referred the charges against Milton Jay, M.D., after a careful hearing of all the evidence offered in the case, would report the following resolution, and recommend its adoption by this Association:

Resolved, That the charges preferred against Milton Jay, M.D., of Chicago, be and are hereby not sustained; and that the sending out by mail of circulars relative thereto, broadcast, to every mem-

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ber of this Association, is considered a violation of the By-laws and of professional comity.

(Signed)

N. R. MARTIN,
C. E. MILES,
H. H. GREEN,
C. M. EWING,
S. B. MUNN,
} Committee on Grievances.

Dr. A. J. Howe moved that the report be accepted as a finality and adopted. The motion being seconded, a warm discussion followed. Finally the President called for a rising vote, and declared the motion carried. The ayes and noes were then called for, and the report was adopted by the following voices :

Ayes.—Doctors Batchelder, Beem, Beuermann, Boskowitz, J. W. Cosford, Crum, Curryer, Davis, Durham, Ewing, Garth, Gazley, Gemmill, H. H. Green, Gridley, H. T. Gunn, R. A. Gunn, Harshberger, W. H. Hawley, Sr., Hightower, Howe, Ingham, Long, Lowther, Martin, May, C. E. Miles, Morris, Mulford, Munn, Nifer, Peebles, Phelps, Piper, Povall, Ripley, J. M. Ross, Rounseville, Rowe, L. E. Russell, J. M. Scudder, Lee H. Smith, M. R. Smith, Stratford, Trevitt, Tuttle, A. B. Whitney, Wilder, A. B. Woodward, B. L. Yeagley, Younkin—51. *Noes.*—Baines, Beucking, Daniel, F. Ellingwood, Farnum, K. O. Foltz, Hamilton, Hart, Hayden, Judd, McFatrich, G. E. Potter, E. H. Stevenson, Tascher, Tucker, H. T. Webster, L. C. Wilson—17.

Dr. Baines changed his vote from "no" to "aye," and as soon as the result was announced he moved a reconsideration, which was lost.

The Section-work was then resumed. *Section C*, on Obstetrics, Gynæcology, etc., was organized with Dr. F. Ellingwood as Chairman, and Dr. H. B. Piper as Secretary.

Dr. Howe read a paper on Abdominal Section, and explained the methods for Cæsarian section and the removal of uterine fibroids. He used original drawings to illustrate the various methods of operating. A general and interesting discussion followed the reading of this paper.

Dr. E. L. Russell also read a paper which elicited further discussion. Other papers were presented by title.

The Association then took a recess till 2 o'clock.

When the Association convened in the afternoon, Dr. C. E.

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Miles read a paper on Pneumonitis in children, simulating other diseases. It gave rise to inquiry.

Section D, on Surgery, was next organized, with Dr. Younkin as Chairman and Dr. Wm. M. Durham as Secretary.

Dr. Milton Jay gave an interesting address on Hernia, which was discussed by Drs. Tuttle, Whitney, Russell, Lee H. Smith, and others.

Dr. Lee H. Smith of Buffalo read a paper giving details of the operation for Stone in the bladder by lithotrity, and exhibited specimens removed from the bladder. It was listened to with great interest, and the paper gave rise to an interesting debate.

THIRD DAY'S SESSIONS.

On Thursday morning, after reading and adopting the Journal, Dr. Boskowitz of New York offered a resolution in relation to credentials, that a person should represent no more than one State.

Amendments were offered by several, after which Dr. Wilder moved to table the whole subject.

Dr. Boskowitz moved to amend, so as to make the time of tabling five minutes.

The President ruled the motion out of order, and Dr. Boskowitz appealed.

The vote was taken by rising and the President sustained.

Dr. C. E. Miles offered an amendment to the By-laws, providing that members excused from paying annual dues should be designated in the *Transactions* "exempted members." Adopted.

Dr. Gunn gave notice of an amendment of Article 6 of the By-laws, so as to constitute the Electrical Committee of two members from each State.

Dr. H. B. Piper also submitted an amendment to the same article, so as to constitute the same committee of three from a State—one to be a member at large. Both these amendments lie over till 1891.

Sections G and H were not formally organized, but several papers were offered by title.

Section I., on Pædiatrics, was the last in the series. Neither officer being present, Dr. Henrietta K. Morris of Chicago was appointed Chairman, and Dr. Huldah T. Gunn of New York acted as Secretary.

Dr. Morris read a spirited and interesting address, and the

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papers and debates of this section were generally considered to be among the most instructive of the whole that had been given. A number of papers were presented by title.

Meanwhile the Electrical Committee had been constituted, and made choice of the following officers for 1890–91 :

President—George Covert, M.D., Clinton, Wis.

First Vice-President—Benj. L. Yeagley, M.D., Johnstown, Pa.

Second Vice-President—Wm. F. Curryer, M.D., Thornton, Ind.

Third Vice-President—Marquis E. Daniel, M.D., Honey Grove, Texas.

Treasurer—James Anton, M.D., Lebanon, Ohio.

Secretary—Alex. Wilder, M.D., Newark, N. J.

Corresponding Secretary—Finley Ellingwood, M.D., Chicago, Illinois.

The officers were then installed, and all made appropriate addresses.

Secretary Wilder spoke as follows :

"MR. PRESIDENT AND FELLOWS OF THIS ASSOCIATION :

"The best commendation of a speech on this occasion is brevity. You cannot demand it of the individual speaking (laughter) but you have the right to expect it of his remarks.

"For the cordiality of your reception, for this continuing of the honor which has been again bestowed upon me, I am duly grateful and appreciative. The place which I hold is not one to be sought; and by a person who bears the cause at heart, it is not to be shunned. The labors required, the duties imposed, and their necessary augmentation from year to year, make it a work of dimensions that a man might almost dread ; or, looking at it in advance, might ask to be excused from. Yet no man has the right to shun the post of duty when he is called to it ; and if he comes to it, he should come not only with a cheerful grace, but with an earnest heart and a steadfast purpose.

"It is now the fifteenth time that I have been honored consecutively with this position. Whether I have performed its duties, well or ill, my work must show for me. I can hide nothing ; it has all got to be open to view, to be known, and to be witnessed of you all ; and whether that work be well done or ill done I am responsible for it, and you have the full power from day to day to

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pass judgment. To that judgment willing or unwillingly, whether it be fair or unfair, I must accede graciously, gracefully, meekly.

"I believe that this National Association has in its hands the welfare of the Eclectic cause in America, and perhaps in all the world; so that if this Association should go down, or meet with disaster, Medical Eclecticism in America would soon follow it; and that within less than five years its sun would set and its days be numbered. (Applause.) It was for that conviction, and for that conviction almost alone, that I ever consented thus to be your servant, your factotum, the one to obey your every voice. I have regarded the permanency of our organization as a vital matter; I have regarded its destiny as all-important for the future of the Healing Art; in our hands I have considered its prosperity as essential, and acted on that belief. Whatever I have done, wisely or unwisely, has been with that conviction in view. I have never yoked myself to a party or faction. I have not done or attempted to do for one what I would not do for another, but have endeavored to act conscientiously, diligently and faithfully. Whether I have done so satisfactorily is for you to decide, and I must abide by your decision for good or for ill. Your re-election is perhaps the testimonial of your approval; the kindness and cordiality with which I am received on every side is another.

"Let me appeal to you, one and all, not to be satisfied because of the success of this meeting, the most successful meeting which we have ever had, financially or otherwise; the most successful in good feeling; the most successful in placing this Association on a sound and proper basis; the most successful in its general results. Let it be our study to make it more than a mere episode in our history; let it be the one step taken from which the others will all follow upward, and a greater prosperity be our lot.

"Two or three times have I noted the hour of danger, two or three times have I seen a crisis when a very little would have imperilled our existence. When I first took this office, the future of this Association hung in the balance; a little more and it would have gone out of existence, and before this time you as a profession of Medicine, would all have gone out of existence with it. Let us guard therefore against faction; let us guard against the entertaining of ill will; let us frown down everything which tends to create divisions among us, regarding the man who makes divisions and dissensions as the worst enemy of our cause. We can fight the

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Old School; we can resist successfully the assaults of our adversaries on every side. But every victory which we gain over one another is itself half a defeat. A civil war is the worst of all wars; and the civil wars in our own ranks, the wars of Eclectics against Eclectics, are the most dangerous things which we have to encounter, and if allowed to continue, they would not be long in relegating us out of existence.

"We represent more than a liberalism in Medicine. Indeed, I do not very much like that term. It is a bastard word. If liberalism meant as the word originally meant—the ism of the book; the ism of science, the ism of knowledge—I could accept it; but if it means a mere latitudinarianism without any end or aim, without any special point, then call me illiberal to the heart's core. We represent not merely Liberation, but LIBERTY, FREEDOM and the RIGHT of MEDICAL DISSENT. Let us, therefore, cherish the right of dissent, as did our forefathers in this country, three and a half centuries ago, so that from Plymouth Rock on the one side to Georgia on the other, from the "Thirteen" to the "Forty-two" we may insist upon it strenuously, that Medical Freedom, the right of Medical men as Medical Men, without regard to the invidious distinctions of "regular" or "irregular," shall be championed and sustained, and the battle never be surrendered, till Right shall rule, and Equality before the law shall be recognized as the unalterable prerogative of every Eclectic, as of every other citizen." (Applause.)

Hot Springs, Arkansas, was designated provisionally as the next place to meet in, and the Society then adjourned.

DARWINIAN EARS AND MODERN THEORIES OF SOUND AND HEARING.*

GENTLEMEN:—Science paints a picture of the earth in the dawn of its life, when heated rocks were lapped by tepid wavelets and lashed by steaming billows. Fervid air undulated in sound waves, when shuddering earthquakes rent the granite hills and crashing thunder boomed from peak to peak. The world rioted

* An Essay read before the Eclectic Medical Society of the State of New York, at Albany, March 27, 1890.

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in noise and shook with sound, but no ear save the great Creator's heard. There were no ears to hear.

Another science picture, when cycles of years had rolled away. The tree fern and the bamboo shadowed the steaming land and dripped moisture from the heavy humid air. The mammoth and the cave lion roamed in the jungles, and strange forms sported in the thermal waters. On muddy flats are reeds and rushes, and in the shallows sponges and mollusks grow. Perhaps some of these *first* heard the ripples swish along the sandy beaches, the rain's down beat and the sough of the wind o'er Earth's infant face.

First heard; for science shows the little fresh water muscle had an ear, a tiny auditory sac with a particle constantly trembling in its liquid contents.* 'Twas a twilight of the human ear, God's gift, that means so much to man, transforming ripples of air into love, melody, companionship, knowledge, truth, an unseen miracle; and

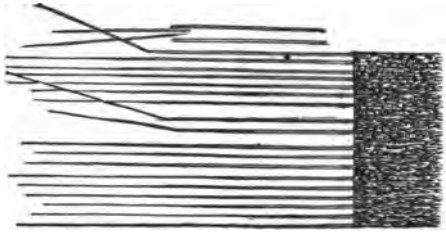

Fig. 1. Bristles of Schultz from the ear much magnified. Henle.

since then every living creature that hears has the closed sac, the ear stones and the nerve fibres; but as animal life became more and more highly organized, the structure of their ears became more and more complicated. The necessities of existence brought changes so marvellous that when the patient fingers of Science turn backward for us the musty pages of Time's diary we can but regard with the liveliest curiosity the glimpses we are allowed to catch of their gradual progressive development.

One such shows among the Crustacia. Our pugnacious friend the lobster has in his auditory sac a multitude of little hairs springing up among the terminal nerve filaments.† Ever in microscopic motion they prolong the sound impulses derived from the fluid in which they wave in ceaseless unrest.

Another shows the ear stones in our toothsome friends the cod

* Henle. † Todd and Bowman.

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and salmon to be an inch in length, although dust-like in our own ears.* The closed sac, too, has undergone a marked change in shape. A central contraction divides it into two parts, and from the side of one, semi-circular canals jut out, their number increasing by a series of gradations as it became necessary for creatures to distinguish the direction of sounds.† The lowly hag had but one, the lamprey two, while still more perfectly organized creatures have three.

Another page turned. Thus far the merely aquatic animals had received their impressions of sound through the dense media of the water in which they lived, crawled and moved, and the bony walls that enclosed their ears. But now new forms had come—air-breathing animals that basked in tropic sunshine and left their tracks in the torrid ooze—and without some special pro-

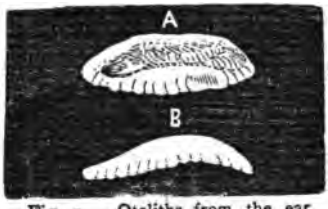

Fig. 2. Otoliths from the ear magnified.

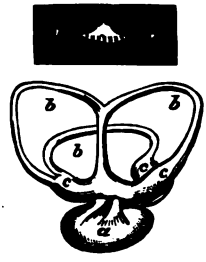

Fig. 3. Ear of the salmon.

vision atmospheric undulations could never be sound to them. It came—little oval windows in the osseous walls, with membranous panes that shivered when sound waves struck them, let ærial impressions in, while a bony rod attached to one of them connected the inner ear with the outer world, transmitting the necessary vibrations. In serpents this rod was imbedded in the flesh. ‡ Perhaps through one was heard our common mother's plaint, when in that far distant clime she walked naked in the garden and was not ashamed.

Another leaf. The frog has an ear drum (external it is true), scarce hidden by his outside skin. It received impressions and transmitted them through an ear-bone, across a tympanic canal to the inner ear. In some reptiles and amphibia the bony rod-like columella becomes a chain of three. Rudimentary ossicles preceding perfect ears.‡

* Marshall. † Huxley. ‡ Marshall.

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Progressive development came with time and the closed canal became an open one, extending to the outer world. Its inner end closed by a membrana tympani formed a boundary to a middle ear which Eustachean tubes supplied with air. Crocodiles had three such tubes though two sufficed for other ears.* In birds they are connected with each other, and those of the horse and porpoise with large air chambers.*

Reptiles had a cochlea, not the fairy wonder house of man, where microscopic cords pick out their mates and swing in unison with each musical tremor from the outside world, but a short straight or slightly twisted canal, which in birds doubled upon itself, and in still more perfect organizations coiled around a cen-

Fig. 4. From Smith & Horner. Cochlea, natural size, showing the two turns and a half, with the arrangement of the nerve over the bone.

Fig. 5. From "Smith & Horner." Magnified view of the nerve taken out of the cochlea, showing the gradual shortening of vibratile fibres.

tral axis. There are two and a half such convolutions in our own ears, yet the huge whale rolling in his billowy home has but one and a half.†

The external ear first appears upon the crocodile.‡ A rudimentary affair that totally failed in adding beauty to his open countenance; and the birds, sweet singers of the woods, cock their heads knowingly to listen with but a fold of skin or radiated arrangement of feathers to assist audition. Necessity seems to have adapted the shape, size and mobility of the external ear to the habits and needs of each individual. Thus, the ears of the carnivora are usually erect and turned forward to facilitate pursuit, of herbiferous animals backward, and often enormously developed and in con-

* Marshall. † Huxley and Henle. ‡ Todd and Bowman.

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stant motion to catch the least intimation of danger.* They are but slightly developed in the beaver and otter, and wholly wanting in the seal and mole. The water-loving elephant has a valve-like fold of the auricle that closes the meatus at will, and effectually preserves it from injury.

The ear is not always located in the head.† In certain locusts it is situated in the front legs,† in several species of grasshoppers in the hind legs, in crickets in the first abdominal ring, in the antennæ of some insects, at their base in others, and in the middle pair of tail plates in the *myses*.† Such ears may not receive the vibrations of sound as accurately as more perfectly organized ones do, but the experiments of Henle go far towards proving that even the humble mollusk's ear is not insensible to a difference in musical tones. Our knowledge of the ear has been of exceedingly slow growth. Hundreds have written about its *anatomical structure*, and the foundation of its various parts since the days of Hippocrates, and a hasty *résumé* seems necessary in carrying out the plans of this essay, and may not prove uninteresting to our hearers.

The *membrana tympani* was described by Aristotle, B. C. 384.

The semi-circular canals by Celsus, B. C. 53.

The *facial* and *acoustic nerves* as entering the meatus auditorious internus by Galen, A. D. 130.

The *meatus externus* by Al-Rasi, A. D. 193.

The *incus* and *stapes* by Achillini, 1480.‡

The *Eustachean tubes* by Vesalius, although credited to Eustachius, in 1574.§

The long *process of malleus and vestibule* by Andreas Vesalius in 1542.‖

The *mastoid cells* and their communication with the tympanum by Gabriel Fallopius.

The *fenestræ rotunda* and *Ovalis* by the same investigator in 1546.

The *tensor tympani*, the *Strapedius muscle* and the *Cochlea* were described (the latter imperfectly) by Bartolommeo Eustachius in 1565.¶

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* Marshall. † Packard. ‡ Turner, Rossa gives 1512.

§ Turner, Encycl. Britann. Rossa gives 1495.

‖ Rossa gives 1514, but as he was born in that year (Am. Cyclopedia), this must be an error.

¶ Cyclopedia of Anatomy and Physiology, Todd. Rossa on the ear.

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The *fluids* in the *labyrinths* and their necessity were shown by Dominic Cortugno, 1661.

The *Ceruminous glands* by Nicholas Steno, 1665.

The *Osseous Labyrinth* and the *membranous labyrinth* in 1800 by Antonio Scarpa.

Corti's Organ, the *Lamina Spiralis membranacea* and *Cochlea* in 1851 by Corti.

This brings us down to our own times and the researches of Helmholtz, Striker, Henle, Von Troltsch, Muller, Hyrtl, Wilde, Kramer, Pilcher, Yearsley, Gruber, Weber, Moos, Sommering, Kolliker, Bowman, Toynbee, Lucas Championniere, M. Allen Starr, and a few earnest searchers, aided by perfected scientific appliances, have left little unexplained about our organs of hearing. Now I turn a hasty glance towards the gradual growth of Aural Therapeutics.

In the earlier ages the treatment of the ear and its diseases was crude and illogical, and often a mere senseless groping in the dark, although an occasional gleam foreshadowed the treatment accorded in our time, and we can scarcely appreciate the present status without knowing something of its past.

† The installation of warm water or warm oil was recommended by Hippocrates, B. C. 570. Asclepiades, a mixture of cockroaches, snails and woman's milk in oil.

Celsus, A. D. 19, the removal of foreign bodies by the *injection* of *water*.

Archigenes *bled, purged, and used warm fomentations* for pain in the ear. Speaking tubes were advised by him.

In A. D. 140 Galen ordered the secretions of the nose and mouth to be excited for deafness, and described tinnitus aurium, and prior to his time, spoons, forceps and hooks had been used for removing foreign bodies from the ear as well as shaking the inverted body to assist. Marcellus ordered "Frogs' fat, pigs and human urine, and the blood of chickens" in the ear. Six hundred A. D. Paulus Æginita detached the auricle from the canal by an incision behind to remove foreign bodies, when other means failed.

Gadesden directed the meatus to be sucked out, and in 1590 Johannes Arcularius advised the head of a lizard to be cut off and

† Loucke's Handbook.

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placed in the affected ear; when removed, any foreign body would be found in its mouth.

Gabriel Fallopius believed an otorrhœa to be a discharge from the brain. He used an Aural Speculum.

Gilbert Horst used water distilled over a young mouse having no hair, in the ear for deafness. He was director of a hospital in Rome. The syringe was first ordered for cleansing the ear in 1577 by Ambrose Pere. An artificial ear-drum of pig's bladder was proposed in 1640 and later in the century T. Willis showed that perforation of the membrana tympani did not cause total deafness. Gleams of light occasionally shone in this darkness and the education of the deaf mutes was one, when commenced by John Wallis. In 1542 Valsalva recognized anchylosis of the base of the stapes, gave the Valsalvian experiment, and knew that closure of the Eustachian tube was a frequent cause of deafness. In 1774 Petit advised opening the mastoid cells in certain cases of suppuration in the ear. In 1735 Guyot the Postmaster opened his Eustachian tubes by an instrument of his own invention and restored his hearing. Cooper, in 1800, proposed perforating the membrana tympani in ulceration. Yearsley in 1841 improved hearing in cases of perforation of membrana tympani by inserting a pellet of cotton.

In 1843 William Wilde, published his work on the ear, and otology became a science. Heretofore the treatment of deafness had been purely empirical, and deafness the *result* had been treated, *not* its *cause*. From the dim past it had been a blind groping in the dark and its lack of success proverbial. Since the birth of otology how changed. Means of closely examining the meatus externus, membrana tympani and the posterior naries have been discovered. We can reach the tympanum, Eustachian tubes, nasal cavities, and pharyngial mucous membrane with remedial agents. New causes of deafness have been recognized and the appliances devised to obviate them. These discoveries have not resulted from the labors of one man. Toynbee, Von Trolsch, Pilcher, Sales, Giron, Bergson, Knapp, Turnbull, Roosa, Williams, Blake Green, Czermak have enveavored to raise otology to a stand co-equal with opthalmology. True, few new facts have been discovered, but the experience of the fathers has been accepted, adjudged, the wheat culled and the chaff abandoned.

Symptoms indicative of diseases that are liable to produce deafness are recognized, invaluable aids to assist in diagnosis and treat-

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ment perfected, and hope now exists for many who once would have been hopeless."

* "Time and research have perfected a theory of sound and of hearing as perfect in detail as it is beautiful of conception. The views now entertained by the most eminent authorities regarding the change of motion into sound which constitutes the act of hearing may be briefly described as follows: Waves of sound originated by some sounding body ripple through the intervening air into the auditory passage and strike against the ear-drum just as positively as waves of the ocean dash upon a rocky shore.

"The thin membrane shivers under the concussion and its tiny undulations are transmitted through the osseous chain of the middle ear to the membranous pane of the ovalis against which the base of the stirrup bone abuts and excites concentrated vibrations in the fluids of the labyrinth. The auditory bristles are set vibrating and stir the nerve fibres which lie between their roots and excite audition. The little otolithes prolong the vibrations, the vesicular branches of the auditory nerve are stimulated and the Cochlear branches of the auditory nerve are excited to conduct sound impulses to the brain. Here the wonderful organ of Corti (which is to all appearances a musical instrument with its cords so stretched as to receive vibrations of different periods) analyses those impulses and renders them fit for recognition by the brain. Each tremor which falls upon this lute of †three thousand strings selects from its tensioned fibres the one appropriate to its own pitch and throws it into unisonant vibrations, and thus, no matter how complicated the motion of the outer world may be, those microscopic strings can analyze them and reveal the constituents of which each is composed. We are scarcely conscious of the myriads of sound waves generating by the numerous bodies that surround us. They are constantly agitating the air just as the surface of the Hudson is carved by waves and ripples innumerable, and still each wave and every ripple ascertaining its right place and retaining its individual existence among the crowd of other emotions that agitate the water; so the air we breathe and through which we move is competent to accept and transmit the vibrations of a thousand instruments at the same time, but when we try to analyze the emotions of the air, to present to the eye of the mind the battling of the

* Tyndall, Rossa. † Tyndall, Rossa.

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sound pulses, direct and revibrating, and this too among ten thousand air currents caused by respiration and every movement, and then think that the human ear with a little opening scarcely larger than a quill can isolate from this ærial entanglement any particular sound, and recognize its musical tone, the imagination is baffled and descriptive powers fail."

The following among many authors have been consulted and I tender acknowledgments for data or even language used, and not before credited.

"Chambers' Encyclopedia, Dunglison's History of Medicine, Rossa on Diseases of the Ear, Wilde on Diseases of the Ear, Toynbee on the Ear, etc., Von Troltsch on the Ear, Harvey on the Ear, etc., Turnbull on Diseases of the Ear, Tyndall on Sound, Hemholtz on the Ossicles of the Ear, Packard on Insects, Todd's Cyclopedia of Anatomy, Striker's Histology, Todd & Bowman's Physiology, Yearsley on Deafness, Allen on Aural Catarrh, Politzer on the Membrana Tympani, Turner in Encyclopedia Britannica, Marshall's Physiology, Dalton's Physiology. Huxley on the Invertebrates, Robinson on Nasal Catarrh, Cohen on Inhalation, McKenzie on the use of the Laryngoscope, Tobold on Diseases of the Larynx, on the Rhinoscope, Huxley on the Vertebrates." Buck on the Ear, etc., Lucas—Championniere on Cerebral Localization.

ROBERT LISTON, M.D.

Albany, N. Y.

NOTES ON EPILEPSY.

AT the last meeting of the Connecticut Eclectic Medical Association I presented a case of Epilepsy. I now present the same lad cured. I find, in reading on this disease, that two sets of phenomena need be borne in mind in studying the pathology of the epileptic attack: 1st, the condition of the epileptic in the interval; 2d, the explosion itself. Too much attention is paid to the latter; too little to the former.

The constitutional epileptic is characterized by a general deficiency of tone, associated with exaggerated reaction and irritability. The pupils of the eyes are widely dilated and unusually mobile. The muscular system, though generally relaxed, manifests exag-

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gerated reflex excitability. The mental state is characterized at once by great indifference and extraordinary irascibility. In the same way the vascular system is depressed in tone in the interval, with rapid marked changes under excitation.

The state of the nervous system, as a whole, is comparable to that of an elastic band, which, being on a stretch continually, is apt to overshoot its mark when one end is let go. Under normal circumstances the band is less stretched, and hence not as liable to fly so far when the check is removed. An irritation, when in health, produces restlessness of the muscular system, accelerated respiration and pulsation, and various mental phenomena in the same direction. In the epileptic the nervous irritability manifests itself especially in one direction. There is an important vaso-motor centre for the brain-vessels in the region between the optic thalamus and subthalamic region above and the pyramidal decussation below. The pupils, through the irritability of this centre, undergo contraction, and relaxation instantly results. The sudden disturbance of the brain circulation produces unconsciousness. In the meantime, while there has been a sudden deprivation of arterial blood and a sinking intercranial pressure, so far as great cerebral masses are concerned, there has likewise been as sudden an afflux of blood to the unaffected district of the vertebral arteries, thus creating an arterial hyperæmia. The result of this is that convulsion occurs, unchecked by the influence of the cerebral hemispheres, which are thus disabled. The impeded return circulation of venous blood now comes into play.

The contraction of the muscles of the neck illustrates this obstruction, and especially the accumulation of venous blood in the capillaries of the medulla. Meynerst is of the opinion that this venous blood, by its formation of cyanide-like substances, acts as a tonic agent, and produces the severer symptoms noticed during the post-convulsive act. True epilepsy exhibits an enormous number of sub-groups, showing every variety of deviation from the ideal convulsion form, and the existence of these forms demonstrates the views I have expressed. In ordinary *petit-mal* the initial arterial spasm has but to be confined to the surface of the hemispheres, leaving the thalamic ganglia undisturbed; and it can be readily understood how the momentary unconsciousness or abolition of cortical function can occur without the patient falling, his automatic ganglia still carrying on their function. At the same time,

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with the lesser spasm, there would be a less extensive sinking of intercranial pressure and less collateral hyperæmia of the lower centres, and therefore no convulsion. As Meynerst has suggested, in certain cases the arterial spasm may fail to affect the entire cortical surface simultaneously; some one trunk may be more abnormally affected, and an afflux of blood may occur in its special field. The result will then be that the function of the parts which are relatively well nourished will be exalted. If it be in the region of visual perception, apparitions, colors, or luminous spectra will be seen; if in the olfactory, odors will be perceived; if in a tactile centre, there will be crawling, tingling, and cold sensation; if in a speech centre, cries, phrases, and songs may be observed. This explains the manifold epileptic aura which is simply an exaggeration of the cortical function. Epilepsy is a diseased state of the encephalon, without a palpable characteristic lesion, and manifests itself in the explosive activity of an unduly irritable vaso-motor centre, leading to complete or partial loss of consciousness, which may be preceded or followed by various phenomena, expressing the undue preponderance of some and the suspended inhibitory influence of other cerebral regions.

To treat the convulsion it is obvious would be only to treat results, not the disease itself. To give the bromides alone is to postpone the explosion and generally intensify it. The fact that a suspension of bromides in epileptics is followed by a severe explosion shows that they act like a load keeping down a safety-valve.

Ergot produces irritation of the encephalic vaso-motor centre analogous to that determining the epileptic convulsion. It produces a contraction of the cerebral blood-vessels, and if given in large doses produces epileptic convulsion and a spurious epileptic insanity. I have found it of decided value in this case, when it is given in doses which would in some patients produce the physiological effects of ergot, stopping just short of producing convulsion. I have found glonoin and conium to be valuable agents in this disease.

Never suddenly suspend the use of the drug which you employ in epilepsy. We should begin with physiological doses, rapidly rising to the point of tolerance of the patient, and when about to suspend its use, do it slowly and cautiously. This rule applies to the bromides. Glonoin and ergot have this advantage over the

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bromides : when the convulsive seizures are suppressed they never provoke maniacal symptoms.

F. BROCKWAY, M.D.

NEW BRITAIN, Conn.

TONICA, THE HIGHLAND MINERAL WATER.*

FOR several months I have been using the Highland mineral water, Tonica, in my practice, and I am so well pleased with its virtues that I feel it a duty to bring it before you. The springs are in our own State, situated at Highland Park, in the town of Manchester, on the line of the New England Railroad. It is an alkaline, and not in any sense a manufactured water, the only addition being a slight charging with pure carbonic acid gas. It contains the sulphate and carbonate of potassium, chloride and carbonate of sodium, carbonates of lime and magnesia, bi-carbonate of iron, phosphoric acid, silica, alumina, the oxide of manganese and sulphuretted hydrogen, of each a trace.

The highest percentage of any one ingredient is the bi-carbonate of iron, there being 0.970 grains to the United States gallon. The next highest is silica, one of the most valuable ingredients of a mineral water, with 0.618 grains. It is pleasant to the taste, and, other things being equal, this is a great thing to say in its favor, for I find one great difficulty in using mineral waters is to make the patient take them persistently enough to do any good. Nearly every patient to whom I have given Tonica takes a liking to it speedily.

The remedial value of the water from these springs can be traced back to aboriginal times, but it has remained for the Case Brothers to develop and extend the knowledge to suffering humanity.

Tonica covers a wide range of diseases in its therapeutical action, principally of a chronic nature, embracing all forms of scrofula, diseases of the kidneys, malarial and rheumatic disorders. Any disease that might be classed under the head of that scapegoat

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* Read before the Connecticut Eclectic Med. Association, May 13, 1890.

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of the lazy and incompetent, known as "general debility," will surely receive some benefit, if not a cure.

To me, one of the most astonishing things in connection with the use of Tonica is its effects in asthma. I have one patient who has had asthma since 1862, who has tried all sorts of doctors, and, necessarily a great variety of treatments, all without material benefit. I put him on Tonica some time last January, and there has seemed to be a steady improvement ever since. He has had only one severe attack, and that happened when he was out of the water. He had not been able to lie down in ten years, until he drank this water, and he declares that no remedy has helped him as this has. I do not expect a cure in this case, though I will confess to having some hope; but to get such radical relief in so distressing a complaint speaks volumes for the remedy. I am testing it in some other asthmatic cases, and with apparent benefit, but it is too early to say what it will do. Understand me, when I speak of Tonica as a remedy for asthma, I speak of it as a curative remedy, not as a palliative.

In no case of skin disease have I as yet given it without great benefit, and in some cases a cure. It will clean any tongue I have yet seen in chronic disease. It has cured one case of gravel for me. I might name many cases of benefit derived from its use, but my paper is simply to introduce it to your attention and to say a word for one of its ingredients, silica.

This is a remedy that our Materia Medicas are practically silent about. The United States Dispensatory mentions it in the appendix, but attaches no therapeutic value to it; Bartholow does not mention it at all; Philips in his Materia Medica of inorganic substances does not even mention it; Hering mentions it under forty-eight heads and over five hundred symptoms, too profuse to be of any service; Scudder, in "Specific Medication," points to it as a good remedy in perverted nutrition and catarrhal diseases. Hempel, one of the most rational of the homœopathic school, says: "In caries and exfoliations, of the long bones, bones of the face, skull or vertebræ, silica is an indispensable remedy, more particularly if the disorganization is complicated with mercurial action." Quoting from Grauvogl, he says a case of enchondroma was cured with the sixth attenuation of silica. This case is so interesting, and is told in so charming a manner, that I will quote it in full:

"The patient showed me his right hand, after he had first

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removed a bandage which was of very little use to him. The metacarpal bones of the middle and ring fingers, the phalanges of the index and middle fingers and the thumb, had become transformed into oval, bulbous, hard masses, having a uniform surface, the articulations having become effaced and unrecognizable, and consequently immovable. In various places these parts had lost their integuments by ulceration. The rough surfaces of the bones could be distinctly felt by the probe, and parts of them could be readily broken into; other parts, on the contrary, were more resisting. The boy had no appetite. He was employed by a potter carrying clay, and was unwilling to give up his work, which secured him a scanty livelihood. He complained of nothing but acute pains in the affected parts, drowsiness in the day-time, a feeling of exhaustion and depression of spirits. According to the existing doctrines of physiological surgery, nothing could be done for this poor boy but to amputate the hand at the wrist-joint.

"Enchondroma is a pathological process by which the substance of bone is changed into cartilage. Morphologically, as well as chemically, this cartilage is in perfect agreement with ordinary cartilaginous tissue. Now, it is well known that cartilage has all the constituents of bone, except silica. In 25,000 grammes (about one ounce) of the bones of an adult there are found 0.005 grammes (0.054 grains) of silica. Would it have been possible, under these circumstances, to administer silica as a nutrient remedy in the traditional quantities of the schools? This being impossible, I gave the boy silica, sixth attenuation, of which he took a dose every two hours, at the rate of five drops in the course of a day. This substance had undoubtedly been conveyed to him in his food, but the organism had lost the faculty of assimilating it. The functional power of the stomach and intestines, whose business it was to appropriate the silica contained in the food, had become prostrated. *Otherwise this enchondroma could not have originated; for it is the absence of silica which renders the formation of enchondroma possible.*

"If the silica could no longer reach the tissues through the usual channel, we have to apply to anatomy and physiology for other localities where this agent may be brought in contact with the organism in such a manner that it can be transmitted to the tissues of which it constitutes a component part.

"Upon considering the anatomical channels through which molecular bodies are transmitted to the blood, we observe already

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upon the tongue the papillæ filiformes with their capillary processes turned inwards, which, by retaining substances very firmly within their delicate walls, transmit them immediately to the cells. The mucous membrane of the mouth, pharynx and æsophagus very readily absorbs substances which do not surpass in size the orifices of its epithelium; whereas the mucous membrane of the stomach is almost exclusively of a glandular secretory nature, so that its faculty of absorbing molecular bodies must be less than that of the above mentioned anatomical parts. The mucous membrane of the stomach is chiefly a repellant organ, by which means the food is kept within the cavity of the stomach until its adequate solution is effected by the gastric fluid. Only solutions whose density does not exceed that of water are able to penetrate and be received by the mucous coat, after which they are transmitted to the blood. Chemical mixtures, infusions, decoctions at once excite a more copious secretion from this membrane, and we may rest assured that only very small portions of such liquids remain exempt from the destructive effects of the gastric fluids. This accounts partly for the fact that the enormous doses of the physiological school may still manifest medicinal power, and partly for the other fact that they must necessarily lead to the most disastrous consequences, as daily experience shows.

"If most physicians did not seem disposed to overlook the faculty inherent in the capillary processes of the papillæ of absorbing substances presented to them in appropriate form, and afterwards transmitting them to the cells, I should not have been obliged to dwell upon this point. As it was, the excess of the chondroma (cells which, in the disease in question, kept down the cells of the osseous tissue) had receded within eight days under the treatment mentioned to such an extent that the superficial ulcers began to cicatrize and the bulbous formations had become considerably reduced in size. In another fortnight the mobility of the joints had been restored to a very slight extent. At the termination of the next fortnight all the accessory symptoms in the case had disappeared, the appetite was restored, the drowsiness had ceased, the boy was in good spirits, enjoying the prospect of final recovery. This was completed in eight weeks. Since then five years have elapsed, and the boy continues to enjoy perfect health."

This somewhat extended quotation not only brings to light the wonderfully curative power of silica, but it forcibly portrays the

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fact of the absorptive power of the mucous membrane when remedies are applied in a state of minute subdivision. Many of us know from an extended experience that we can often reach the system in this way when the crude drug would be of no avail whatever.

Silica is one of the tissue remedies of Schussler, who introduced what is known as the biochemic method of treating disease. His theory in general may be stated as follows (see page 10, "The Twelve Tissue Remedies"): "The idea upon which the biochemic method is based is the physiological fact that both the structure and vitality of the organs of the body are dependent upon certain necessary quantities and apportionment of its inorganic constituents, which are those that remain after combustion of the tissues—its ashes. These are in a very real sense the material basis of the organs and tissues of the body, and are absolutely essential to their integrity of structure and functional activity. According to Schussler's theory, any disturbance in the molecular motion of these cell salts in living tissues constituting disease can be rectified and the requisite equilibrium re-established by administering the same mineral salt in small quantities. This is supposed to be brought about by virtue of the operation of chemical affinity in the domain of histology, and hence this therapeutic procedure is styled by Schussler the biochemic method, and stress is laid on the fact that it is in supposed harmony with well-known facts and laws in physiological chemistry and allied sciences."

Many physicians are practicing the biochemic method, and their success is in many cases phenomenal. Silica, therefore, as an ingredient of Tonica, may justly claim the attention of those who are interested in this method of treatment. It is a constituent of the hair, nails, connective tissue and skin, and any disease affecting those parts or adjacent structures will be benefited by its use. Hughes says in his "Pharmacodynamics" that "silica influences the nutrition rather than the functional activity of the tissues which come within its sphere of action; it is hence suited to organic changes rather than to functional disorders. Its deep and slow action, moreover, makes it appropriate to chronic rather than acute diseases." Silica has great control over suppurative processes when desired. It is considered by many to be a specific for felon. In paralysis and epilepsy it has a favorable action. In the rickets of children it is one of our best remedies, being the equal if not superior to the phosphates of lime.

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In scrofulous disorders involving the lymphatic glands, as an ingredient of Tonica, it has been followed by the best results. Silica is an ingredient of the best mineral waters of this and other countries, and is one of the secrets of their beneficial action in so many chronic diseases. In diseases of the skin where Tonica is specially indicated it can generally be drank freely. If it should aggravate the disease, it shows its specific action, but should be drank in less quantities until the system becomes accustomed to its effects. To those of you who recommend a mineral water, I would say, try Tonica. It is a product of nature in our own State, and it will please you.

E. M. RIPLEY, M.D.

Unionville, Conn.

PÆDIATRICS.*

THE word "Pædiatrics" is derived from two Greek words, παις, child, and ιατρεια, the medical art, and is used to designate the diseases of children and their treatment.

It properly embraces everything relating to the culture of children with regard to health, from the first dose, however simple, up to the most formidable formula or regimen for the gravest disorder. It is our privilege, then, to consider the subject under various heads.

Infantile diseases constitute a formidable part of nosology. They need to be considered not only in relation to their *evolution*, but in regard to their *inception* as well.

This carries the thought back to and beyond the period of birth, into the field of conception and gestation, as well as to the very beginning of existence itself.

I am a firm believer in the effects of pre-natal influence, as well as environments, and think that both have much to do with the mental and physical development of children. Having this belief, I have a grand object in life, viz., to do all in my power to educate wives and expectant mothers up to an understanding of the laws governing life and true motherhood, full well realizing that there

* Read before Section I. of the National Eclectic Medical Association at Niagara Falls, N. Y., June 19, 1890.

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is no person who can come so near controlling a household of which you are not a member as a physician who is a general practitioner.

The ministers teach us how to live that we may die aright; we should teach how to live that we may be born aright. I wish that every physician, male and female, could be called to think seriously of this subject, and instil the proper education into young married people who come under their professional care. Teach them that the responsibility, the moral and physical welfare of their children rests "outside of the laws of heredity," and wholly with themselves. Teach that mother, if she wishes her child to be a well-spring of joy to her household, a healthful child, that she must make the surroundings favorable for the same. She cannot expect a child that is crying and fretting continually from birth to enjoy good health, any more than an adult who frets and whines continuously.

Children are, as a rule, the result of chance, not only unexpected, but *very* often, too often, unwelcome, for few people ever come together with the errand of procreation in view; and many devices are resorted to by the young mother to prevent the embryo from remaining *in utero*. This of itself has a pernicious effect upon the coming child, even unto womanhood and manhood. Thus most of the complaints or conditions surrounding childhood are the direct result of indiscretions and the *ignorance* of mothers.

As the work of the *wise* and scientific physician ought to consist chiefly in preventing disease by furnishing healthful conditions, is there any path within the vast field of science where the harvest could be greater than by teaching every mother that it is the right of her child to be born healthful and happy?

Every woman holding a diploma, certifying that she has studied the laws governing life, could do no better thing for herself and coming generations than to establish a sort of mothers' meetings, quietly calling together a few women in her vicinity and spend one hour each month explaining to them the laws governing conception and gestation. And day by day, as events course along, as the future merges into the present, and the present becomes the past, you will be more than repaid by those thankful mothers, always made happier by a knowledge of one's self.

If a child is well born you may expect it to be reasonably healthful. After the child is born, teach the mother the great law

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of order—the necessity of regularity in its habits; teach her that the necessity of hygiene and sanitation are two great laws of life. There is nothing so positive in its action, so certain in its effects, or that enters so largely into the life of children, as sleep. If there is a magic wand held by an unseen hand, a touch of which brings health and joy, that wand is sleep. More subtle than the air, it pervades everywhere in nature. Children, from infancy to about ten years of age, should have from twelve to fourteen hours of sleep out of the twenty-four, and the greatest good is to be derived from regularity. Teach them that the *best* sleep can be obtained by placing the child upon the right side with the head slightly drawn down upon the pillow.

Teach them to give *very* simple food, and that if they give young children food that is unfit for them, they are *surely* sowing the seeds of cholera infantum; and in the end the minister will try to comfort them by saying: "The Lord gave and the Lord taketh away," when in truth the loss of the little one is too often the result of pernicious feeding, and not of dentition, which is a law of nature. Again teach them that *very little* medicine is required if the laws governing health are understood.

When a woman comes to you, engaging your services for the future, you are leaving your duty unfinished, your work incomplete, if you do not instruct that expectant mother what she may and *can*, and what she may *not* do for herself and offspring. Instil into her mind thoughts of the wonderful possibilities of her life. Make her understand that a constitutionally sick child is the parents' dishonor, and that such a child has little *moral* obligation for which to honor his father and mother.

Being a *woman* interested in the good of humanity, and having passed through motherhood, I am privileged to speak to you, not from theory, but from knowledge based upon actual experience.

In closing, let me hope that you, as moral men and women, will do what you can to make the lives of the coming generations purer and better.

Chicago, Ill. HENRIETTA K. MORRIS, M.D.

DR. E. M. HALE, of Chicago, makes the statement: "I have the records of eleven cases of scirrhus and incipient sarcoma of the breast, cured by means of conium and hydrastis tincture, in alternation or combined. These cases are now living in this city."

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APHONIA—A CASE IN PRACTICE.

A LADY, aged 47, some twenty years ago suffered from an attack of diphtheritic pharyngitis, and for several weeks subsequently suffered from aphonia, which lasted about a month. She consulted her physician, and after using some means for the relief of the difficulty her voice returned. The loss of voice would occur from time to time upon taking the slightest cold, and each subsequent attack seemed to augment the pathological condition.

During last September she presented herself to me for advice and treatment. She truly was in a dilapidated physical and mental condition—a physical wreck.

To diagnose her *diseases* seemed folly, or, at least, the whole Materia Medica seemed to be *indicated.* Which organ or function required treatment first was the question.

To many the diagnosis might have been an easy matter—*malaria* would suffice, and the usual *anti-* would have been prescribed. This had been tried, for she was "full of malaria" and "run down"; but they failed to "clean it out," and "build her up." She neither "cleaned" or "built" worth a cent.

The laryngoscopical examination revealed acute inflammation and follicular infiltration of all mucous tissue lining the pharyngeo-laryngeal cavities; and the inflammation extended into the bronchi. The right vocal cord presented quite a normal appearance, but the left could not be seen, because of its absence. Diphtheritic ulceration evidently had destroyed it. From this it would seem that the right vocal band had in a manner done the work of both until there began a form of calcarious infiltration of the crico-arytenoid joint which possibly is producing a partial ankylosis.

The vocal difficulty is a formidable one, and little or nothing can be done for its amelioration.

The inflammation of adjacent tissue was a serious matter, and called for immediate treatment. The neurotic and gastro-intestinal aberrations were carefully considered, and received specific medication, as did also the respiratory apparatus. The train of morbific lesions, like wild animals, were allowed to scamper rampant, for they were dependent upon the intestinal breech for their continuance, and the correction of which would set the remote machinery in better working order.

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The dirty, white tongue, offensive breath, and lazy intestinal canal (this is what many call malaria) received the panacea for which it craved; thus:

℞. Tinct. Nucis Vomicæ gtt. xv.
Fl. Ext. Leptandri Vir. ʒ ss.
Neut. Elix. Rhei Comp. cum Pancreatin.
(Merrill's) *ad.* ℥ iv. M.

Sig. Tablespoonful 3 times a day; starve for 48 hours, and then a light diet.

The throat difficulty was tranquilized by the direct action of aconite, ipecac, and collinsonia, aided by the *Bouchidé* treatment to the throat and chest. The alternative foot-bath produced a warmth of the feet that was surprising.

The subsequent use of the great sheet-anchors—pulsatilla and staphasagria—proved their potency.

Treatment was carried out on this line for several months with the most gratifying results. The loss of voice continues, and, I fear, can never be restored. I don't know that nature reproduces vocal cords. The tendency toward laryngophthisis is great. The throat has been examined by leading specialists and laryngologists at the various hospitals in New York, and all pronounce it a very peculiar and highly interesting case.

GEORGE E. POTTER, M.D.

Newark, N. J.

OCCIPITO-POSTERIOR POSITIONS IN LABOR, AND THEIR TREATMENT.

IN the older works upon midwifery, the occurrence of posterior positions was thought to be comparatively rare, but later years have developed their greater frequency—or, at least, improved methods of diagnosis have shown that many labors regarded as formerly difficult *anterior* labors were in reality *posterior* ones. I shall not enter upon a minute description of the female pelvis as differing from the male, nor the natural diameters of the former—nor the structure of the fœtal head at term, its normal diameters, and its wonderful powers of compression and adjustment in labor. There is one di-

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ameter of the maternal pelvis that interests above all others—the conjugate or antero-posterior diameters of both superior and inferior straits—their measurements respectively being approximately $4\frac{1}{2}$ to $4\frac{3}{4}$ inches, and 4 to $4\frac{1}{2}$ inches. The fœtal diameter interesting us the most is the sub-occipito-biegmatic, measuring $3\frac{1}{2}$ to $3\frac{3}{4}$ inches. It is evident that the small diameter of the fœtal head above mentioned can with comparative ease pass through the aforesaid maternal pelvic diameter. Other things being equal, therefore, viz., a normal pelvis ; a moderate sized head ; good bag of water ; vertex presentation ; dilatable os ; good pains enduring through the labor; a firm perinæum, afterward in its turn, dilating; good flexion, governed in degree by the relative size of the head to the pelvis; good rotation, a proper or normal labor is seen. But to bring the small diameter of the fœtal head in conjunction or plane with the antero-posterior pelvic diameter, flexion of the head must take place or a departure or extension will be liable to ensue. Neither can *rotation* occur if the presenting diameter of the head be too large. Flexion is presumed to be produced, as the child's head is forced downwards against a resisting and firm perinæum, by the transmutation of ulterior and abdominal forces through the bag of waters and fœtal trunk, the sinciputal or long end of the lever curving upwards or flexing in the line of least resistance. Rotation forwards of the occiput is supposed to take place by the directing forwards of the sacro-iliac ligaments, ischiatic tuberosities and rami of the pubic bones.

Numerous discussions have taken place in regard to this phenomenon; but it is sufficient to say, that Dubois in experiments on recently delivered women, dying shortly after confinement, found that by placing a dead fœtus in one of the posterior positions, and pressing strongly downwards in the axis of the pelvic cavity, if the perinæum was firm, flexion was seen, and the occiput rotated to the front. But after repeated trials and the perinæum had become relaxed, rotation no longer took place. It is evident, therefore, that in order to secure good rotation, good flexion, assured by a firm perinæum, or counterpressure by the operator's hand, with good downward pressure by the abdominal muscles or by the physician's hand, must be obtained; the rule, as demonstrated, being that the most dependent position of the head, be it occiput or sinciput, if the pains are good, will come to the front. If rotation forwards is of importance in anterior positions, how much more is it in posterior positions, for in the latter extensive rotation forwards must

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take place to bring the occiput to the pubis. If you have a weak, enfeebled woman, with relatively weak pains and a relaxed perinæum, you will find as you slowly approach the outlet, the perinæum will not offer sufficient resistance to flex or press upwards the head, the sinciput will drop downwards or extend, and your progress will be at an end. Aid must be given the patient early in the descent if extension is feared. This emphasizes the importance of an early and correct diagnosis being made.

If a descending sinciput be mistaken for a descending occiput, and the former be pulled down still more, a disastrous and annoying complication of the labor is assured. This mistake has been committed more than a few times. I regret to say, that in my first experience in these positions, I, through a mistaken diagnosis, pulled down an already descending sinciput; and not being able afterwards to rectify my error, I was obliged to deliver with forceps in the occipito-sacral position. I do not think it safe to rest satisfied in your diagnosis that it is a vertex position.

If a posterior position, and the head is descending in the pelvis, only an early and correct diagnosis can put you on your guard in regard to preventing extension. Examine well the fontanelles and if in doubt feel an ear if possible. A good plan also is to make a provisional diagnosis, or in other words, examine through the abdominal walls. You will thus recognize, especially if the woman is thin, the abdomen lax, and the bag of waters not too large, much preliminary evidence of the position. Instructions in regard to this, are found in all the modern text books. I have myself in certain cases, found it comparatively easy to make a clear diagnosis in this manner. In any doubtful diagnosis, where everything is not progressing well, I always use ether, dilate the os thoroughly, and pass my hand into the womb, examining the fontanelles. I then pass the fingers up the side of the head, feeling the ear and its direction. To be brief, if you know your position, you can intelligently assist.

About three years ago I was called to a woman in child-birth. The pains were strong, the head large and any examination at once produced intense pains. I got little advancement, however, so I sent for ether, and when the patient was under its influence I discovered a right posterior position, with extension of the sinciput downwards taking place. I endeavored by pressure upwards on the latter to produce flexion, but my fingers would slip in spite of me. The

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ether only made the pains more regular, but did not stop them. While reasoning in my mind the difficulty experienced in flexing and debating the use of forceps, it occurred to me that if I worked from above, viz.: with the woman lying on her back, and passing my hand down between the thighs, into the vagina and pulling upwards past the pubic bone, then flexing, I might do better. I did so and found I could hold far better. In a few moments I strongly flexed the head, and in three pains the occiput rotated to the front, and the subsequent delivery was easy. This woman always had large children—upwards of eleven pounds. Without proper pains in this case, however, I could not have secured rotation.

I have been troubled in these positions, with the pains permanently dying out, even when I was doing my best at pushing up the head; and I do not hesitate to say that such cases are to be dreaded. In extensive rotation of the occiput forwards, the shoulders also must follow, as no more than ¼ of a circle can be described by the head without danger of dislocation of the neck. I am satisfied, from my own investigations on this subject, that a defective rotation of the shoulders, even when pains are fair and flexion good, can prevent an otherwise easy rotation forwards of the fœtal head. I find one author emphasizes this belief.

Last fall I was called to a woman in labor, and I diagnosed right occipito-posterior. As head descended, I pressed upwards the sinciput and succeeded in getting the head to rotate into the relative transverse position. The pains then utterly failed. Calling in Dr. Miles in consultation, my own forceps not having a long pelvic curve and shank, he diagnosed the same position. He applied the Elliott forceps, and after some hard pulling the head rotated forwards and was delivered in right occipito-anterior position. The head being delivered, it immediately resumed the right posterior position, as we both saw. It was evident that no rotation of shoulders had taken place. No matter, then, how much you may flex, you cannot secure rotation without proper expulsive force; and in this case I could not bring enough artificial force to bear from above to rotate the head.

I did not, however, sufficiently try external rotation by abdominal pressure to bring shoulders to the front. Later, on March 1, 1890, I was able satisfactorily to do this. On this date I was called to an Englishwoman—a multipara—in confinement. The waters had broken one week before and wholly drained off. The pains had

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been frequent, but to my surprise I found she had been on her feet most of the day-time, and had washed for the family on the day the waters had broken. The os was soft, nearly fully dilated, and perfectly dilatable, as was the vagina and perinæum. Finding no advance of head towards adjustment to the brim, I etherized her, fully dilated the womb, and passed my hand into it and slipped it up along the side of the head and felt an ear. I found the child laid in right posterior position, as I had diagnosed. I then slipped my hand along the front of the child's body, up to the feet flexed upon the abdomen.

Why the cord had not come down, I could not see, until I found it nicely caught on the flexed arms. Finding so much room, and that artificial labor must be instituted, as the pains were so unsatisfactory, I deliberated whether to turn or extract with the long forceps. But the posterior position being present, I dreaded trying long forceps in the case. I therefore tried what I had before several times failed in, viz., conjoined manipulation. With one hand on the forward shoulder and one on the mother's right flank, I succeeded, after three attempts, in rotating the head and body of the child into the right anterior position; and in that position, with infinite trouble, I extracted a living child, weighing 9¼ lbs. Sharp hæmorrhage followed, and some three or four days later pelvic peritonitis set in. I was quite alarmed, and in another case I do not know but what I would turn and deliver, even if I lost the child. It is better, so it is said, if you intend to turn, not to alter the position of your child previously to an anterior position, even though it be possible, which it by no means always is.

I will close with the summary of the treatment generally agreed upon by modern obstetricians in posterior positions above and below the pelvic brim. "Generally the woman in anterior or posterior vertex position has sufficient strength to force the head to engage in the pelvic cavity. But in those cases where the head is arrested above the brim, the rule holds good in both varieties to turn and deliver rather than use high forceps, unless we except, as in my case last mentioned, a large, roomy pelvis and not too large a child. Never change the position of the child in posterior positions, if you intend to turn. It is safer for the mother, and especially the child, to perform only one operation of shifting the child. As the head descends into the pelvis, flex the head and preserve the same until rotation takes place. If the pains are insufficient, I would

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recommend fixing the head in the state of flexion with the hand, and directing the nurse to bear down on the abdomen of the mother during the pains, with the pressure in line with the pelvic curve. If the pains, abdominal pressure and flexion fail to produce rotation, we must use forceps; bearing in mind the limit of forcible turning of the neck, and the danger therefore of artificial rotation, I would suggest an application of the long forceps to the sides of the pelvis—grasping firmly the head, and flexing it as strongly as possible and drawing straight downwards. If you feel the head move ever so little forward, assist gently. If you can get no spontaneous rotation at all, Dr. Lusk advises rotating into the hollow of the sacrum as you descend. In the only perfect case of this kind I ever had delivery was effected with comparative ease. The use of the long-shanked *straight* forceps is advised by most authors in preference to the curved; but few have them. Axis traction forceps are recommended by some as superior to any other instruments; but I have not tried them. Forceps reversed are in some cases favored as being superior, especially for flexing the head. One must, however, in this method bear the tips of his instruments constantly in mind, lest he plow into the maternal tissues. The rectis is strongly advocated also by some for flexing and rotating. I think it should also be borne in mind that in some cases there is found evident defective rotation of the shoulders *forward*, and that it may sometimes be effected, as in my own case, by conjoined manipulation through the abdominal walls. Bear also in mind that a law of rotation is that the dependent part of the head will come to the front; and, above all, be sure of your diagnosis before you operate, and don't pull down a descending sinciput, instead of, as I supposed, an occiput, and so unnecessarily complicate the labor.

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TREATMENT OF RHEUMATISM.*

THE characteristics of the various forms of rheumatism are so well understood that it is only necessary to consider the treatment in an essay before a body of physicians. I shall therefore present

*Read before the Connecticut Eclectic Medical Association.

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for consideration such points of treatment as have proved of advantage in my hands.

In acute articular rheumatism warmth of the part is desirable. To secure this the affected joints may be covered with flannel wrung out of hot water, and when the pain is severe this will give great relief. Enveloping the joints in cotton batten or carded wool is also very beneficial. Before making these applications I usually apply the following lotion :

℞ Tinct. Aconiti Rad..... ℥ i
Chloroformi..... ℥ iii
Spts. Rect..... ℥ iv
M.

Rub thoroughly over the affected part four or five times a day.

The internal remedies that I have found most serviceable are aconite, bryonia, colchicum, macrotys, rhus tox., salicylic acid and sulphur.

I always administer aconite in the beginning of rheumatism, in conjunction with either bryonia or macrotys, as may be indicated. If marked relief is not experienced in forty-eight hours I have recourse to salicylic acid, which I give in from six to ten grain doses every four hours, and I have never yet been disappointed in its action. In some instances rhus tox. is better adapted than any other remedy to subdue the different symptoms. It is indicated in those cases which assume an adynamic type, with great restlessness, increase of pain on remaining quiet, and constant desire to change the position with temporary relief from so doing. In cases which are inclined to linger and become chronic, I find that colchicum and sulphur have done me more service than any other remedies. The diet should be light and chiefly liquid, such as milk and broths ; and as the patient improves in strength the quantity and quality of the food may be increased.

Chronic rheumatism is sometimes the sequel of an acute attack, but is more often an independent constitutional affection. During the decline of life many are affected by it. It affects chiefly the fibrous textures around the joints, the sheaths of the nerves, aponeuroses of the muscles, the fasciæ, tendons and periosteum. The symptoms are not severe at first ; there is not much constitutional disturbance ; there are slight pains in the structures affected, which are generally worse at night, causing

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restlessness and loss of sleep. The pains gradually increase in severity until they are a constant source of annoyance and discomfort. There is seldom any fever accompanying this form of rheumatism, nor is the general health in mild cases seriously affected. The treatment consists of such of the remedies as may be indicated, of those mentioned under the acute variety, especially bryonia, macrotys, colchicum, rhus tox. and sulphur. In addition I would call attention to phytolacca, iodide of potassium, manaca; and above all others would I recommend Griffiths' Comp. Mist. of Guaiac and Stillingia. It is the finest combination for chronic rheumatism that I have ever prescribed, and since commencing its use I have made more reputation for myself in the treatment of this difficulty than in all my life before.

Muscular rheumatism in all its forms is often intractable, and may continue from three to ten days in spite of treatment. In the severe forms hot applications are always serviceable, and the remedies before mentioned are the best that can be used, especially the macrotys and compound mixture of guaiac and stillingia.

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ETIOLOGY OF DYSENTERY.

IN our older books of medicine the etiology of dysentery was as confused as that of other diseases. Atmospheric, telluric and individual ill conditions were all grouped as active or predisposing causative factors. However, out of this idea of an epidemic infection, the modern professional mind has evolved the idea of an individual contagion. And this individual contagion has gradually been restricted to the intestinal discharges, while the question as to the nature of the contagion remains unsettled.

Says Dr. Johnston, reviewing the subject in Sajous "Annual," 1888: "The cause of dysentery is still one of the vexed questions of the age." In 1889 the same writer calls attention to the discovery of a bacillus by Chantemesse and Widal in five cases of dysentery observed in Cornil's Laboratory. Yet the identity of this bacillus with the cause of dysentery is not proven. In this and other cases where bacilli or other germs are found as constant attend-

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ants upon certain definite morbid states, we still lack confirmation that they are causative rather than accompanying factors of such states. It is not at all inconceivable to my mind that the generative conditions of the minute bodies are less certainly known than supposed. Fission, sporulation, etc., may not be the ultimate processes, but yet more indefinite changes may be produced among them, which our present facilities cannot handle. I am also quite of an idea that the germs, as we know them, are not in themselves the causes of the specific symptoms of diseases, as we know them; but that these germs may develop poisonous bodies, just as plants develop poisonous principles in their juices, which bodies are the real causes of the symptoms observed.

It fell to me last summer to witness an actual illustration of the contagiousness of dysentery; and the spread of this contagion was contrary to my preconceived opinions thereof. Mr. R., a healthy mechanic of 62, dwelt in an isolated farm-house, one mile from Bristol Centre. The situation of his house along under a hill of volcanic rock is such that contamination of his well or premises by his neighbors is impossible. No form of intestinal disease had ever been known in his house, or among his family. In the midsummer his wife's sister was taken with dysentery at a house some miles away, and brought to his house, where she died in less than a week. All the family were in good health at this time. So far as I could learn the attending physician ordered no disinfection beyond burying the stools away from all danger of contaminating the well. About a week after the woman's death, I was called to attend the man, who had been sick three days, and who died five days later of collapse from ulceration, in the same manner that the woman died. I found this man sleeping upon the ground floor, immediately above him was a bedroom occupied by two girl boarders. Forward of that were two chambers occupied by his three daughters. His wife slept below in a room, two rooms away. There was no communication between his room and the chambers except by going through another room to the stairs. When first called, I began to disinfect the stools with sublimate, burnt all the soiled cloths, boiled all the well water and milk that was used, and overlooked the preparation and storage of food. I also attempted to anticipate infection by the internal use of *Asepsin* to modify the intestinal contents. Despite all precautions, every one in the house had the disease. First the oldest daughter, next the

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two boarders, then the other daughter and last of all the widow. The widow, who had been the most exposed to contagion, was the least sick of all, only four or five days. The two boarders, who were only in the house nights, and who were not near the sick man, were very sick. One of them was given up several times, but made a full recovery in about seven weeks.

Now here was a case in which all such causes as bad weather, malaria, bad water, epidemic influence and the like must give way to the one cause of personal infection.

The absolute presence of some sort of a germ or contagion would seem beyond dispute. If this contagious principle were a bacillus it should have been spread by personal contact as through food or drink; but those who were in constant contact suffered the least, while those whose only contact was in sleeping above the room suffered the most severe attacks. The infecting principle must have been mobile enough to have penetrated into the upper chambers and infected the girls in some other way than by the mouth in food or drink. There must have been a genuine contagious virus, as in scarlatina or rubeola.

Shortly after I was called to a case nearly four miles from the first. It was upon a flat sand-bank along the shore of the old canal basin, where there are about six houses upon a road bending upon itself at a right angle, thus fetching the houses all within a few rods of one another. At the fourth house, where I was called, one child lay dead, and another was in a collapse, cold and pulseless. Two other children were beginning to vomit and purge. The other five houses each had one or more sick. Three other cases died in the five houses within a few days. I disinfected stools with sublimate, and burnt sulphur all over the house and cellar (the preceding doctor had used no disinfection). Three more bad cases and two light ones developed in the house, all making good recoveries except the one in collapse.

The second day of attendance the Board of Health met there, and upon being asked, I advised the burning of two barrels of concrete tar, which was done, the locality being kept full of the dense smoke one whole afternoon; no more fatal cases arose after the use of the tar.

Now, I think these two illustrations go to prove the contagious nature of these severe dysenteries, as opposed to the idea of their telluric origin, and point to infection by contact rather than by food

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and drink. They certainly point to the advisability of fumigations in serious epidemics.

Were the presence of bacilli of specific nature the sole cause of dysentery, it is difficult to see why some cases should be so much more malignant than others. The germs of anthrax generally produce severe results when one is infected with them, as is also malignant pustule. But if the *virus* is in the excretion or secretion of the bacilli, we could understand how that a concentrated potion would be more terrifying to the economy than a diluted one.

Perhaps, after all, the contagion does lie in the secretions or exhalations, and that bacilli, amoebæ, or cocci flock to and appear upon the diseased membranes; not because they are *per se* the morbific agent, but because they are attracted to a congenial ground.

In the same manner little flies are attracted to decaying apples by the acetous fermentation, and breed therein, intensifying the rapidity of the decay by their presence. There seems no doubt to my mind that contagions and viri have selective affinities for certain organs, the same as the juices of plants have, and, therefore, whatever may be their mode of entrance into the economy, they produce their disturbances upon their selected locations.

This view is rendered more rational by the discovery that nearly all sorts of germs may be found in out of the way places, ready to aggregate and work mischief if opportunity presents itself. Thus the Frænkels pneumonia bacillus, with other so-called specific germs, is found in the discharges of otorrhœa and ozæna. A whole line of specific germs may be dug out from under the finger nails or between the teeth. The micrococci of diphtheria are found in the mouths of healthy people. Now and then some person offers a favorable condition for the sudden multiplication of these organisms, they put on activity as the grass does when winter's cold withers under the eye of the vernal sun; they become full of juices and develop poisonous bodies. The lonely bacillus becomes multiplied into a ravaging army. He poisons the air with his exhalation, his virus smites the vital powers of those exposed to it, alters their chemical conditions, depresses excretory energies of the system—and the accumulation of morbific materials offers a nucleus wherein the bacillus develops its specific qualities. Then the erstwhile harmless bacillus, representing erstwhile but a potency for evil, passes in a ravaging power, coursing through a career of

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destruction, till science smites, or no more suitable pasture offers for his nourishment.

Such is about my present idea of poisonous germs and infections, and points with an inflexible finger towards the continuous, untiring, scientific use of preventive disinfection.

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RECENT PROGRESS IN MEDICINE.*

Infantile Diarrhœa.—At a recent meeting of the Harveian Society, Dr. Luff read a paper on the antiseptic treatment of infantile diarrhœa. He spoke highly of Dr. Illingworth's treatment, which consists in the administration of 1-50th of a grain dose of the biniodide of mercury dissolved in iodide of potassium, combined with one-grain doses of chloral hydrate. The biniodide possesses the property of combining with, and rendering the milk ptomaine, tyrotoxicon, insoluble. Of eighty cases of infantile diarrhœa treated by this method, the diarrhœa ceased within two days in seventy-two of the cases, in five out of the remaining eight cases it ceased within four days, and in no instance did it last over seven days.—*Med. and Surg. Reporter*, Jan., 90.

The Mental and Physical Training of Children.—In an article by Mrs. Waller in a recent number of the *Nineteenth Century*, upon "The Mental and Physical Training of Children," she recommends that two of the best rooms in the house should be set apart for day and night nursery respectively, and that the importance of sunshine and the evils of overcrowding should be recognized in all the nursery arrangements. She advises that the nursery walls should be painted rather than papered, paint being easily washed and disinfected after the attacks of infectious disease, which in every large family are only too likely to occur. As regards clothing, it is pointed out that in spite of modern improvements in this matter, it is still too much the custom to leave the upper part of the chest and the lower part of the abdomen exposed, and that hence come pulmonary affections on the one hand and bowel complaints on the other. "It is a fact that not only has the

*A Monthly Review of Practice, edited by ROBERT SAFFORD NEWTON, M.D.

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child less power of generating heat than the adult, but that it has also a much larger surface in proportion to the mass of its body, and will consequently be far more susceptible to cold. Cold feet cause a large amount of indigestion, and exposure of the large blood-vessels of the thigh during childhood frequently sows the seed of kidney-diseases to develop in after life."—*Lancet, Oct.* 12, 1889.

Methods of Craniotomy.—There are undoubtedly cases in which this operation is indicated, hence its technique should be perfected to the highest possible degree. The following are some of the indications :

1. Unsuccessful use of the forceps, or version cases in which the head cannot be extracted.

2. The certainty that the fœtus is no longer living.

3. Such a condition of the mother that Cæsarean section would almost certainly be followed by death.

4. Certain deformities of the fœtus.

The operation will vary according as there is a greater or lesser degree of pelvic deformity. In the latter case the choice of methods will be governed by the steps which have already been taken. If the forceps has been used unsuccessfully upon the presenting head, the latter should be perforated and the forceps used as a tractor. In the higher degrees of pelvic deformity the method will consist : *First*, In podalic version and extraction of the body ; *Second*, Perforation through the palatal process ; *Third*, Cephalotripsy ; *Fourth*, Extraction of the body with the cephalotribe or by means of traction upon the body and the inferior maxilla, combined with pressure above the pubes.

The advantages of this method are as follows :

1. The base of the cranium is more effectually destroyed.

2. The head is firmly fixed during perforation and removal of the brain.

3. It admits of variation in the position of the head, the cephalotribe being applied in different directions so as to adapt the smallest diameter of the crushed skull to the proper diameters of the pelvis.

4. The head having been crushed it will be more easy to exert traction upon the jaw and the body of the fœtus, combining suprapubic pressure therewith.

In the discussion of the foregoing paper, Dr. Champneys re-

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marked that the proportion of craniotomies in London was smaller than had been stated in the paper. The sphere of utility of the forceps had been enlarged since the introduction of Tarnier's axis-traction forceps. Compression of the transverse diameter of the head with the cephalotribe would, it was commonly stated, produce dilatation of the antero-posterior diameter; but the speaker did not believe that such a compensatory dilatation was produced. His opinion was that the change in the head consisted in its vertical prolongation, the same as in traction with the craniotomy forceps. Dr. Galabin agreed with the reader in choosing the cephalotribe after craniotomy in preference to any other form of extractor. He preferred perforation and extraction to decapitation. The diameter of the head could be diminished to the extent of thirty-seven millimetres, which would permit extraction through any pelvis.

Dr. Hermann thought the advantages of Tarnier's forceps had been exaggerated. The mortality from craniotomy did exceed that from normal parturition. The comparative facility of cephalotripsy and cranioclasty would depend entirely upon the skill and experience of the accoucheur. The advantages of the cephalotribe do not compensate for the dangers accompanying version. Perforation should always be through the occiput.

Dr. Gervis gave a modified assent to the reader's proposition of perforation and traction with the forceps. Version was not necessarily difficult in narrow pelves.

Dr. Routh favored the Vienna method of decapitation, with subsequent craniotomy or cephalotripsy in breech cases in which perforation and cephalotripsy were difficult or inadmissible.

Dr. Honocks preferred the cephalotribe to the cranioclast.

Dr. Griffith used a strong cranioclast after perforation.

Then followed traction and rotation, and crushing of the base of the skull. Extraction could then be easily accomplished without injury to the soft parts of the mother.—*Donald Trans. London Obstet. Society*, 1890.

Gunsburg's Method of Diagnosis in Diseases of the Stomach.—Over a year ago Gunsberg published his ideas and methods for determining the digestive power of the gastric juice. Recently Dr. Marfon of the *Faculté de Paris* has confirmed Gunsburg's method. The iodine reaction in the saliva of healthy persons appears almost invariably an hour and a quarter after the injestion of the Capsule. If the reaction appears sooner than this it

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denotes an exaggerated digestive power, if it does not appear until later there is insufficiency of the gastric juice. The Capsule must be given exactly one hour after the meal. The discovery of iodine in the saliva is made in the following manner: The patient expectorates in a glass; a weak solution of starch is intimately mixed with the sputa, then a few drops of fuming nitric acid (no other acid will do) is added, when the saliva contains iodine there is produced a reddish color at first, then blue, of iodide of starch. Dr. Marfan does not continue his search longer than three hours, if the iodine reaction is not then produced, a very marked insufficiency of the gastric juice is inferred. From a trial in over 40 cases Dr. Marfan believes that the method of Gunsburg will prove of great practical service.—*La Semaine Med.*, March 12, '90.

Rodent Ulcers Cured by Resorcin.—Dr. Charles Szadek of Kiev, Russia, has for some time employed resorcin, in the form of ointment and powder, as a remedy for condylamata acuminata and verrucæ, with the most satisfactory results. Cases that have defied other treatment yielded rapidly to its agency. In one case of rodent ulcer of the nose in an old patient he obtained a complete cure with resorcin (25 per cent.). He used externally an ointment composed of 15 grains of resorcin to 1 drachm of vaseline. The ulcer soon began to heal, the surface lost its unhealthy appearance; the cicatrices became soft, and the skin of the nose is now almost sound.

In twenty-five cases treated according to this method, after two or three applications, a fall of temperature took place, the erysipelas was limited, and the skin resumed its normal color.

Stimulating Gargle.—Useful in all forming stages of inflammatory pharyngeal troubles.

Borate of soda.....	ijss
Aq. menth pip.....	jss
Glycerine.....	iv
Ext. Pinus Canadensis fed.....	ss
Distilled water q. s. ad.....	vi

R. S. N.

Physiology and Treatment of the Vomiting of Pregnancy.—Three organs concur in producing this vomiting. These are the uterus, which is at once the seat of pregnancy and the source of special excitation to other organs; the stomach, which

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responds in an exaggerated manner to the uterine stimulus ; and the nervous system, which transmits excitations to distant parts. To combat the vomiting effectually, complex treatment directed to the three sources of the disorder is necessary ; and to this end these fundamental indications must be fulfilled first, to calm the morbid uterine excitement by correcting abnormal conditions that give rise to it. The most satisfactory agents for this purpose are cocaine, belladonna, morphine, hot vaginal injections, and cauterization or even dilatation of the cervix. The second measure is to diminish or repress the exaggeration of reflex impressions by the use of chloral, bromides, refrigeration or cauterization of the spinal region. And the third indication is to combat the intolerance of the stomach, its local irritation and erethism. A strict diet is of absolute necessity. The stomach must be spared as much labor as possible, and the work of digestion thrown upon the intestinal tract. Sour drinks of every kind, wine, the juice of oranges or lemons, grapes etc., are interdicted. Ice, alkaline mineral waters, together with counter-irritants—epispastics to the epigastric region—and laxatives to regulate the intestinal functions are in order.—*N. Y. Med. Jour.*, 585-90.

On Reckoning the Amount of Nourishment for the Nursing Child.—Biedert takes the body weight of the child as a basis, reckoning 200 gr. (6¼ oz.) of cream mixtures and cow's milk, dilutions to the kilo (about 2 lbs.) body-weight of the child, and by multiplying this number by the number of kilos which the child weighs, one obtains the total amount of nourishment necessary for the twenty-four hours.—*Centralblatt für Klin.-Med.* Jan. 25-90.

Pneumonia in Children Simulating Meningitis.—Dr. Morris, in a recent number of the *Boston Med. and Surg. Journal*, reports three cases of pneumonia with cerebral symptoms. In the first case an upper lobe was involved. In the second, consolidation did not appear until the sixth day and was confined to the right upper third of the chest. In the third, cerebral symptoms developed on the second day, but consolidation was not discovered until the sixth and was confined to the right upper lobe. The cerebral symptoms in each case developed early. Stupor continued about seven days with occasional attacks of screaming, delirium and vomiting. The muscles of the neck were rigid and the thighs were flexed upon the abdomen, which was distended and tympanitic. The patients all made a good recovery. In a discussion on

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the report, Dr. Rotch remarked that there were a number of diseases in children which simulate each other in their initial symptoms. The most difficult to distinguish were typhoid fever, tubercular meningitis, acute gastric catarrh, and pneumonia. With the knowledge that the physical signs of pneumonia, with the most careful examination, might not be detected for many days, thoracic disease should not be eliminated unless the evidences of cerebral disease were very positive. It should not be taken for granted, because even exaggerated symptoms of cerebral irritation were present, that a lesion necessarily existed.

A New Bed for Use in Hip Disease.—Dr. A. M. Phelps presented a little girl with hip disease who had been treated on an improved surgical bed, which was also exhibited to the Section. When she came under his care there was flexion nearly to a right angle, with adduction, sinuses and an abscess, and the liver was already enlarged. His improved bed consisted of the ordinary iron bedstead found in hospitals, to which was added a convenient arrangement for the application of traction. The iron bed-posts at the foot of the bed were continued upward much higher than those at the head. An iron cross-bar slid up and down on these foot-posts, and could be fastened at any height, so as to make traction at any angle desired. This cross-bar carried a pulley, which could be adjusted laterally, so as to make traction directly in the line of deformity. The side-bar of the bedstead was also fitted with an adjustable pulley for the purpose of making lateral traction. This apparatus cost about five dollars, and could be supplied by Reynders either with or without the bedstead. The patient whom he exhibited had been treated by traction in this bed; but this was not sufficient to overcome the deformity. Under chloroform, the tensor vaginæ femoris, the fascia lata, the adductors longus and magnus, and the contracted anterior border of the glutæi muscles and the rectus femoris were divided. Traction with a weight of eight pounds was then applied in the line of the deformity, and a force of two pounds at right angles to this. After two months the deformity had been for the most part reduced, and his splint, with crutches and a high shoe, were then applied to prevent relapse, and they would be continued until the case was cured.—*N. Y. Med. Jour.*, June 7, 1890.

The Dry Method of Operations.—Landerer (Arch. für. klin. Chir.) permits no fluid to come in contact with a wound while he is

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operating. The instruments are sterilized with carbolic acid, and the hands of the operator and the field of operation are cleansed with a 1-to-2000 alcoholic solution of bichloride of mercury, but after that all fluids are interdicted. As the wound is made it is sponged with sublimated gauze and packed with the same material. The larger vessels are tied, but the pressure of the gauze is sufficient to check most of the hæmorrhage, so that when the operation is finished the surfaces are dry. The deeper portions of the wound are brought together when necessary with buried sutures and the wound is entirely closed, no provision whatever for drainage being made. The dressings are applied with moderate pressure. The advantages of this method are: the patient does not get wet or chilled; there is much less hæmorrhage; there is no danger from absorption of antiseptics; the duration of an operation is shortened, because there is less time spent in controlling hæmorrhage; the healing is more rapid and safe; the details are simpler, and the hands of the operator are not harmed.

Stricture of the Urethra in Women. — S. Ely Van de Warker, at the recent meeting of the American Medical Association, read a paper upon this subject. He says: "This condition I believe to be very common, even more common than stricture of the male urethra. Spasmodic stricture was not under consideration, but only those cases which had heretofore been explained by a specific or traumatic origin. It was more likely to occur in multiparæ than in virgins. Stricture should not be confounded with simple proliferation of the urethral mucous membrane, with which might be associated hypertrophy of the nymphæ or the clitoris and its prepuce. The anatomical relations of the female urethra were such that during the act of sexual intercourse it was as much exposed to conditions which would result in stricture as the male urethra was. The subject had been scarcely noticed in the text-books on the diseases of women, Thomas ignoring it entirely, and Emmet, Churchill, West, McClintock and others saying that it was of rare occurrence or that it did not exist at all. On the other hand, Skene said it was of frequent occurrence, especially at or near the meatus, but his method of exploration with sounds was imperfect and unsatisfactory. The subject might be considered as holding a position analogous to that which was held by stricture of the male urethra a generation ago before the improved methods of examination of Otis and others were devised. The normal diameter of

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the female urethra had not been accurately determined, and it might not be essential that it should be known. It was usually so dilatable that its exact measurement was difficult to take. Herman stated that in the normal condition it would readily admit a 14 to 17 catheter. Stricture in the female urethra was not in all respects analogous to stricture in the male. One of small calibre in the male might give rise to no symptoms, while a similar one in the female might give rise to very positive symptoms. The best, if not the only method of determining stricture in the female was by means of bulbous sounds, and the same instruments should be used in treating it. The stricture would sometimes require as large as a 30 (French) bulb for its relief. Such treatment was usually painful, especially if the lesion was located near the meatus, and cocaine should be used to mitigate the pain. We should not wait until symptoms of mechanical obstruction to urination were present before exploring the urethra for stricture; in fact, stricture might not be due to such obstruction. If the mucous membrane was everted, such an exploration should be made, and, as the membrane was restored, an annular stricture at the meatus might be apparent. The dilatation should be gradual, and the result would be gradual absorption of the surrounding exudate as well as rupture of the constricting bands. Treatment by electrolysis was painful and not more efficient than treatment with bulbs. It was a good plan to explore for stricture in all cases in which dysuria was present.

The Use of Spirits and Malted Drinks in Nursing Women.—Dr. Jacobi opened a discussion on this subject. He thought the question intimately connected with that of diet generally, as to whether it was possible for foreign substances in the blood to get into the secretions of the mammæ, and from there into the digestive organs of the baby. The speaker then dealt at length with the whole subject of the chemical and physiological experiments on milk secretion. He pointed out that the character and quality of the breast secretions of the mother were subject by many causes to continual variation. As long as the milk was a real secretion there was but little danger that any deleterious matter which might be floating in the blood would get admixed with the mammary secretion, but as soon as the woman became anæmic or got below par the secretion would no longer be simply milk, but part of it would be serum and other material foreign to its normal

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composition. Whatever floated in the serum would find its way into the mammæ and into the baby. This could be seen when we compared colostrum with milk. Conditions of the mother's milk, which in the later months of the child's nursing life would be absolutely devoid of danger, might, immediately after birth and while the milk still contained colostrum, produce much mischief.

Discussing then the subject of alcohol, the speaker said that the difficulty at once presented itself as to the woman's exact condition. Some women could take a certain quantity of spirits, while a feeble person taking the same quantity might produce results deleterious to the baby. It had been stated that the nursing woman must not have spirits, but that she must have beer. Most of those who insisted upon this point were the nurses themselves. Blood saturated with alcohol could not be good nutriment for the fœtus, and the same was true of the baby; and supposing the milk secreted to be, from any disturbance in the health of the mother, partly serum, then alcohol taken by her would certainly be found in the mother's milk. It might be true that this could only be urged in the case of those who were habitual drunkards, but he saw in the best families wet-nurses who would get drunk, and who would in that way be certainly likely to injure the baby. It had been stated, among other things, that alcohol increased the quantity of milk secreted. This had been also denied. There was only one remedy which, in the speaker's knowledge, would influence the secretion of milk and cause its increase, and that was salicylate of sodium. Alcohol, when taken, acted as the carbo-hydrates generally did. It had a certain amount of nutritive action, but when given in larger quantities it was not utilized in the milk production. This disposed, in the speaker's mind, of any idea of the necessity of giving malt liquors or spirits.—*N. Y. Academy of Medicine.*

The Treatment of Hæmorrhages by Excision.—Marcy (Annals of Surg., November, 1889) advocates the following operation for hæmorrhoids: The large intestine is previously emptied, the patient is etherized, placed in the lithotomy position, and the sphincter paralyzed by means of digital dilatation. The rectum is then washed out with a solution of corrosive sublimate, care being taken that none of it be allowed to remain. A pledget of wool dusted with iodoform is then placed in the rectum. Along the line of the junction of the mucous membrane with the integument division is made from the central line posteriorly from below

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upward on both sides to the meridian line above. This can be done with care without injury to the plexus of veins. The loose connective-tissue fascia is separated by the finger or blunt instrument quite deeply, cutting away connective-tissue bands which may appear. In a similar manner the mucous membrane is separated from the plexus. The plexus is thus separated from its surroundings, except at its base, and is tied off in the following manner: A needle with eye near the point, threaded with a tendon, is introduced posteriorly behind the mass and withdrawn; again threaded with the external end of the suture, it is carried about one-third of an inch from its first introduction, unthreaded, threaded with the opposite end, and withdrawn. In this way the entire base is encircled by a line of deep, double, continuous sutures. In this manner an even, continuous compression is secured, as the stitches are not drawn so closely as to produce necrosis, but simply to protect against hæmorrhage. The hæmorrhoidal plexus is now dissected away with scissors just above the line of sutures, and the mucuous membrane is stitched to the line of division just made. For the latter purpose he prefers a running blind stitch taken from side to side, from within outward, so that no stitches are left in sight, and the divided edges are evenly and accurately approximated. The wound is then dried, dusted with iodoform, and protected by a thin layer of iodoform collodion. In uncomplicated cases absolute restraint in bed is not necessary, and micturition is usually voluntary and easy. The bowels may be moved on the third or fourth day.

The advantages stated for this operation over that practiced by Mr. Whitehead are less hæmorrhage on account of the constriction of the vessels before division, less danger of secondary hæmorrhage, more accurate and easy closure and readjustment of parts, and the advantage which continuous animal sutures buried and incorporated into the tissues have over the interrupted silk suture, which is a foreign body, and, if not removed, must be thrown off by suppuration. He prefers a tendon from the tail of the freshly killed kangaroo, properly preserved and prepared, for these sutures, as catgut is often untrustworthy from inherent defects.

The Ætiology and Treatment of Enuresis Nocturna.—Dr. Oberländer (Deut. med. Ztg., 1889, No. 61) enunciates the following theory: Enuresis nocturna in boys and girls, unless there are found some grave defects in development, is always due to re-

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flex irritation in the urethra or other terminal openings. The neurotic theory of the affection is not sufficiently grounded. The author adduces as evidence for the correctness of his theory the excellent results obtained by circumcision, the tearing apart of adherent preputial folds, and dilatation of narrowed meatus urethræ. Stenosis may occur in other parts of the urethra just as well as the meatus, and requires similar treatment.

The Treatment of Scrofulous Glands.—F. Treves (*Lancet*, Sept. 21, 1889,) first undertakes to define what he means by the term "scrofula." According to him, all scrofulous manifestations are due to the tubercular process. The tubercular process is merely an inflammatory process of a peculiar type, which type is due more to the pre-existing state of the tissues than to the existing cause of the inflammation. In the general treatment a long residence on the sea-coast is warmly lauded. That coast which has acres of sea-weed exposed to the sun at low-tide is very much to be preferred. The circulation is feeble, hence the strumous child should be clad in woolens. Of medicines, iron, arsenic, quinine, and cod-liver oil are the mainstays. Iodine in the form of Kreuznach water is beneficial. The syrup of the iodide of iron is treated with contempt, and is ranked in value with the royal touch.

The local treatment embraces the following points:

1. Strumous affections of the cervical glands are seldom primary. They are secondary to enlarged tonsils, scrofulous pharyngitis, affections of the mouth and teeth, coryza, ozæna, otorrhœa, phlyctenular ophthalmia, and eczema of the scalp. Hence these conditions first require attention.

2. Specific local applications to the glands are valueless.

3. The most important local measure consists in giving rest to the part. This may be accomplished by the author's splint described in the *Lancet*, June 5, 1886, or by a simple home-made stock.

4. The foregoing general and local measures will succeed in a great number of cases, but when they fail, operative interference is necessary. Excision of the gland, when feasible, offers the best results and leaves but a small white scar. Some cases will require, for the removal of the diseased glands, thorough scraping out with Volkman's spoon and the subsequent application of the actual cautery. The treatment by crushing, by solvent or irritant injections, and by the seton, is bad. The same thing may be said of cautery puncture.

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Diphtherial Nephritis.—"Dr. van Herwerden has found that a broth culture of Klebs-Löffler's bacilli obtained from diphtheria patients injected into the veins of the ears or under the skin of the back in rabbits produced albuminuria in from twenty-four to forty-five hours, and subsequently scantiness of urine and nephritis. The morbid changes found in the kidneys agreed both macroscopically and microscopically with those found in the kidneys of persons who have died of diphtheritic nephritis."—*Lancet.*

Chloasma of Pregnancy—Its Treatment.—This rebellious complication of pregnancy has for a long time taxed the patience of dermatologists and therapeutists. The following ointment I have seen used with great success in the Hôpital St. Louis, Paris:

℞ Hydrarg Ammoniati.....grs. 1½
Zinci oxidi puri.....grs. iii
Olei Theobromæ.....
Olei Ricini.....aa ʒ xiiss
Essen. Rosæ..... .....q. s. M.

This ointment is applied morning and evening, after washing the surface with soap and water. I much prefer Packer's tar soap.

R. S. N.

Iodoform in Burns.—Dr. Gomez de la Maca highly recommends the following ointments:

1. ℞ Iodoformi..... 4 parts
Ext. Aconiti..... 2 "
Acidi Carbolici..... 5 "
Ung. Aq. Rosæ..... 30 " M.
Ft. Unguent.

2 ℞ Iodoformi..... 80 parts
Ext. Conii..... 40 "
Acidi Carbolici..... 1 "
Ung. Simplicis.....600 " M.

—*L'Union Medical.*

Summer Complaint.—Dr. Carpenter of Cincinnati gives the following summary of his conclusions: Summer complaint, so defined, includes putrefactive constipation and all forms of diarrhœa and dysentery, not diphtheritic in origin or symptomatic of septicænna. The three great predisposing causes, *hot weather, over*

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crowding and *bottle-feeding* are to be regarded as acting solely as adjuvants to fermentation. The diet should be determined entirely by the conditions within the bowels and not by theoretical ideas as to nature's food. At least two well-marked forms of abnormal intestinal fermentation may be recognized clinically, viz.: the *putrid* and the *acid*. In putrid fermentation, carbo-hydrates should constitute the food. In the acid form albumen should be the only food.

Milk containing as it does both proteids and carbo-hydrates should be prohibited in all forms of intestinal fermentation. When properly sterilized, milk food may be given, but nursing babies with severe summer complaint should be taken from the breast. All food administered, of whatever type, should be aseptic.—*Archives of Pediatrics*, May, 1890.

Tertiary Syphilis.—Haslund has carefully examined 514 cases of tertiary syphilis and found the following circumstances dispose to tertiary symptoms: 1. Absence or insufficiency of treatment of the secondary symptoms; 2. Alcoholism; 3. Malaria or other chronic diseases complicating syphilis; 4. Syphilitic infection at a very early or at a very late period of life; 5. Universal debility; 6. Idiosyncrasy to the use of mercury.—*Hospitalstidende*, No. 10. 90.

A Good Nutritive Enemata.—

℞ Beef tea..... ℥ viij
Wine..... ℥ iv
Yelk of egg.....No ij
Dry peptone..... ʒ i to v.
M.

R. S. N.

Paget's Disease of the Breast.—At a recent meeting of the Royal Society of Brussels, Dr. Dubois-Havenith presented a case of this disease first described by Paget in 1874, and summarized the case as follows:

1. The disease usually begins at the nipple and slowly extends to the areola and neighboring skin.

2. In this case it had been four years since its début.

3. The nipple had completely disappeared, and the eruption had come to occupy a region corresponding in size to a five franc piece (about size of trade dollar).

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4. The borders are sharply defined and the whole patch is the seat of a firm and hard infiltration.

5. At several points the corium is exposed and bleeds at the slightest touch.

6. All treatment (salves, lotions, caustics, etc.) has failed.

7. The glands corresponding to the region of eruption have remained free.

Practitioners should by all means make themselves familiar with this far from rare disease. It is constantly being wrongly diagnosed. It begins so insidiously and progresses so slowly that it is often diagnosed eczema and treated accordingly. A friend of mine was under the care of two of New York's celebrated dermatologists, who treated her at varying periods for four years as an eczema, and never thought differently until she became cachexic and the axillary glands enlarged. Then a correct diagnosis was made; the breast removed was found to be cancerous, and she died within six months from a recurrence. The pathology of cancer still remains obscure. The most accepted theories are those of Paget, who believes that the development of cancer occurs by virtue of the law of *locus minoris resistentiæ*. Dubring regards it as a disease *sui generis*, and Davier and Wickham regard it as a parasitic disease.

R. S. N.

Gonococci in Non-Specific Urethritis.—Straus recites a case of a boy, aged sixteen, who had never had sexual relations with any woman, but who was addicted to masturbation from the age of twelve. Two days after indulging this habit to an unusual extent severe pain during micturition ensued, and was marked by blenorrhagic discharge. This discharge contained Neissers gonococci absolutely similar to those found in the pus of a patient suffering from ordinary blenorrhagia. This case would show that Neissers gonococcus may exist as a simple soprophyte and that by means of slight irritation it may invade the epithelium and determine characteristic catarrh.—*Journal of Cutan. and Genito Urinary Dis.*, June 9.

Gonorrhea in the Female.—Schmitt, in a recent interesting paper (*Rev. Med. de l'est*, No. 19. 1890,) points out that the seat of gonorrhea in women varies with their station. Thus in prostitutes who undergo regular examination, the urethra and neck of the bladder are nearly always affected; in clandestine prostitutes, having recently become infected, the urethra, vagina and uterine neck are

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implicated. The woman who comes of her own volition to the doctor usually has urethritis and vulvo-vaginitis. Vulvitis is only noticed in very recent cases. Erosions may be touched with a 1-20 nitrate of silver solution, applications of 1-to-1000 of bichloride may cause the inflammation of a beginning bartholinitis to disappear. Nitrate of silver should be used to destroy the crypts and glandular follicles about the urethra and fourchette.

Atypical Chancres.—(*Discussion before Dermatological Society of Paris, April, 1890.*) Dr. Du Castel has recently observed two instances of multiple infecting chancres. The first patient showed thirteen lesions, the second seven. They did not appear simultaneously, but with several days interval. Dr. Mauriac said the unicity of infecting chancre is a prejudice. It is often multiple. It does not appear that immunity is established for fifteen or twenty days. In all cases there is an interval between the appearance of the last chancre and the secondary manifestations. Dr. Rollert spoke of the frequency with which mammary chancres are multiple. The diagnosis in the mixed sore is readily confirmed by auto-inoculation.

Dr. Barthelemy said that multiple sores are frequent in subjects of the itch.

Dr. Fournier had seen as many as twenty-five upon the breast. The existence of two or three is not rare.

Ricord had not regarded the sore as *always* single, but as *habitually* so.

La Grippe, the Cutaneous Eruptions of.—Dr. Barthelemy had observed two hundred and nineteen cases of *la grippe* in the late epidemic, and found skin lesions frequent. 1. There were simple coincidences furuncles, anthrax, eczema; 2. Divers erythemas, which appeared in relation with the existence and evolution of the grippe. There were rashes which preceded the disease just as rashes precede the eruptive fevers. They were mostly morbilliform or scarlitiniform, the former being the more frequent. In one case there was a pityriasis-like eruption, and in another a vesicular outbreak. The scarlet like eruption recalled descriptions of the dengue.—*Derm. Soc., Paris*, April, '90.

Treatment of Bubo.—Dr. Cordier of Lynn, says that as soon as œdema of the skin shows the presence of pus, he makes a puncture with a straight bistoury. There is discharged along with the blood some streaks of pus. No pressure is made, but the cavity is

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injected with about a cubic centimetre of 1 to 50 solution of nitrate of silver. Without paying any attention to whether the solution flows out or not, a dressing is made with iodoform and a spica bandage. When this slight operation is made early enough, no purulent discharge follows, and the bubo disappears rapidly, leaving behind a sort of indurated nodule. When the puncture is made in a bubo much more advanced and in full suppuration, the purulent collection must be carefully washed out. A first injection of the solution mentioned is made which is destined to cleanse the parts, and the second injection is left in, a decided inflammatory reaction is established and quite an abundant suppuration occurs and lasts for three or four days and then becomes serous. Healing takes place rapidly and the opening closes without leaving a cicatrix.

Treatment of Abscess of the Liver.—Dr. Harley in an address before the British Medical Association describes "a rapid mode of curing hepatic suppurations." So soon as the presence of pus is suspected its exact situation should be prospected for in the following manner: A six inch long, fine exploring trocar is to be passed up to its hilt, obliquely from right to left, into the liver, or from left to right, according to which lobe the abscess is supposed to occupy. The pus is then searched for by slowing and gradually withdrawing the instrument. If pus be found, note its depth and situation. Before withdrawing the trocar allow all the pus to flow that will, then withdraw the exploring trocar and introduce a larger one (No. 8x10 Eng. Cath. scale) and through it aspirate the abscess. Then wash out with warm boracic acid solution (1–48) until the solution returns clear and odorless. Insert a large drainage tube (silk elastic catheter) and apply a large hot, sloppy linseed-poultice over the liver. If the pus cavity rapidly refills, make a counter opening a short distance from the first, and introduce through it a second drainage tube into the cavity.

Chlorosis—Severe Cases Cured by Arsenic.—Professor de Renzi succeeded with arsenic in large doses in those severe cases of profound chlorosis in which iron was found useless. Fowler's solution was used and rapidly increased until toleration (5 to 20 drops). The favorable effects were soon shown in the blood. In one case the hæmoglobin was increased in three months from 26 to 91, and the number of red globules from 1,250,000 to 4,500,000. *St. Morgagni*, April, 1890.

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Editor's Table.

THE DOCTORS' TRUSTS.

THE new law regulating the practice of medicine, which was passed by the New Jersey Legislature during its last session, went into operation on July 1st; and already its operation is recognized to be unjust and in violation of the rights guaranteed by the Constitution of the United States.

This law provides that no person can commence the practice of medicine in the State without passing an examination before a Board of Medical Examiners consisting of five Allopaths, three Homœopaths, and one Eclectic. The applicant cannot receive a license unless he obtains the unanimous vote of this Board, and this license must be registered before beginning practice. This law is practically the same as the one passed by the Legislature of New York, except that in this State three Examining Boards are nominally created. In Pennsylvania a foreign diploma must be indorsed by one of the colleges in the State, and a similar law has been in force in New York and will continue to be till September, 1891.

The physicians of New York and Pennsylvania are now made to feel the injustice of the New Jersey law, which prevents them from following their wealthy patients to the watering places on the Jersey coast, and practicing there during the summer. It even denies them the right of making a visit to a patient in New Jersey without qualifying under the new law. This, they claim, is in direct violation of the constitutional rights of citizens of adjoining States, and we agree with them fully. On the other hand, however, they forget that they have asked for, obtained and enforced similar laws in their respective States.

The indorsing power is in the hands of the colleges of Pennsylvania, and they can refuse to indorse diplomas of graduates from other States, and the applicant has no redress. For years the graduates of Eclectic colleges have been denied the right to locate in Pennsylvania, because there is no Eclectic college in the State, and the other colleges refused to indorse their diplomas.

In New York State a similar law is still in force, and through

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bigotry and intolerance on one hand and personal spite on the other, many graduates from other States have been denied the right to practice here.

Other States have equally onerous laws. In Illinois the State Board of Health, or its secretary, goes outside of the law, and requires an applicant who is a legalized practitioner in two States, but a stranger in that State, to furnish letters of recommendation from doctors in the State, and a license is withheld for weeks, till the disheartened applicant writes that he intends to practice without a license.

All such laws are a disgrace to our statute books and to the doctors who advocate them. Common justice between man and man, to say nothing of the Constitution of our country, should demand that a legalized practitioner of any State in the Union may take up his residence in any State he chooses, and practice his profession independent of medical boards or medical laws. If the matter was carried to the Supreme Court of the United States we are confident that a death-blow would be struck against these doctors' trusts, and we hope that an opportunity will soon be presented to make the test.

We have patients in New Jersey whom we are often called upon to visit, and we shall notify this New Jersey trust as soon as we have another call, that we are violating the law; and should any action be taken we will not rest till the Supreme Court shall declare all such laws unconstitutional.

THE NATIONAL.

A REPORT of the National Meeting comprises the first article in this issue of the MEDICAL TRIBUNE, and it will in the main be found correct. In taking a hurried abstract from the reporter's notes, some errors have unavoidably been made, but these will not appear in the official record.

The meeting was one of the largest ever held, and its harmony was uninterrupted throughout, except that one little ripple was created which soon passed out of sight.

The old Eclectic Medical Institute was represented by Profs. Scudder and Howe; Bennett by Profs. Clark, Whitford, Ellingwood and others; the American by Prof. Younkin; the Georgia College

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by Profs. Durham and Greene ; the Indiana College by Prof. Smith; and the New York College by Prof. Boskowitz.

Of those present at this meeting, Drs. Jay, Stratford, Clark, Whitford, Wohlgemuth, Hayden, Westcott and Gunn attended the first meeting at Chicago in 1870.

The next meeting will be held at Hot Springs, Ark., and it is to be hoped that the Eclectics of the Southwest will make it as successful as the Niagara meeting was this year.

HYMENEAL.

DR. SCUDDER and friends were hurried away from the meeting of the National Association to assist at wedding festivities, which the following explains :

" Married.—At Winton Place, Ohio, June 19th, 1890, Miss Marjorie Moore and Dr. John King Scudder, Class of 1888."—*E. M. Journal.*

We tender them felicitations and our best wishes, and would gladly bestow on them the handful of rice.

The following also comes from England :

" On the 19th inst., at the parish church, St. Giles, Camberwell, by the Rev. W. Fisher, Vicar of Alfold, Surrey, assisted by the Rev. E. Swain, William Scott Tebb, M. A., M. D., Cantab, of Charlcombe, Bournemouth, only son of William Tebb, Esq., of Rede Hall, Burstow, Surrey, to Mary Maxwell, second daughter of Henry Maxwell Dalston, Esq., of the Glebe House, Champion-Hill, Surrey."—*London Times*, June 21st, 1890.

We wish the young couple joy ; and only ask that the younger Tebbs will be peers to the Tebb we already know.

RECENT PUBLICATIONS.

THE first volume of the work of Professors Shoemaker and Aulde upon Materia Medica, Pharmacology, and Therapeutics,* has just appeared, and purports to be devoted to Pharmacy, General

*A Treatise on Materia Medica, Pharmacology, and Therapeutics. By John V. Shoemaker, A.M., M.D., Professor of Materia Medica, Pharmacology and Therapeutics, in the Medico-Chirurgical College of Philadelphia, and John Aulde, M.D., Demonstrator of Clinical Medicine, etc. In two volumes. Volume I. F. A. Davis, Publisher, Philadelphia, Pa.

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Pharmacology and Therapeutics, and Remedial Agents not properly classed with drugs.

The mechanical execution of the work is excellent, and is itself a recommendation of no small importance. Slovenly printing of medical literature is disgraceful. The volume before us is a complete *multum in parvo*—no superfluous verbiage or lawyer-like garrulousness. The literature of the Materia Medica, we can easily perceive, has been pretty thoroughly ransacked—the Eclectic not excepted—and the results "boiled down" to complete concentration.

The student who shall make this book his preliminary reading would be enabled to grasp the subject with an admirable definiteness, which would make his after-study of more purpose and utility; while the busy practitioner will be delighted to get hold of so much, without a wearisome toiling through pages, tedious, prolix and often inconclusive.

Medicines and agents long scouted as empirical, and sneered at, have been sometimes christened a new, as is done by missionaries with heathen converts, and then adopted into the orthodox family. Electro-Therapeutics may be set down as adopted without such change. The oxygen cure is another example. Hydro-Therapeutics and Masso-Therapeutics are both well recognized. Mesmerism is baptised as "hypnotism" and thus made scientific. The accupuncture, earth-dressing and transfusion have each a few pages. All this is well. "What then? Notwithstanding everywhere, whether in pretense, or in truth, Christ is preached, and I therein do rejoice, yea, and will rejoice, for I know that all this will turn to salvation."

A plea is made in behalf of blood-letting; the zymes have due respect paid them; mercury retains its ancient hold. Yet dulcamara, uva ursi, cimicifugal, hydrastis, savin, thuja, gelsemium, podophyllum resin, lobelia, and other agents which were recently under the ban, are now brought forward acceptably. Verily the earth moves as well as "the sun."

This is an able book and can be studied with great profit. The authors are scholarly, in the prime of life, and men with much moral stamina, and their work is well done. We look for the next volume with interest.

NISSEN'S MANUAL,* for giving the Swedish movement and

* A Manual of Instruction for giving the Swedish Movement and Massage

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massage treatment is a timely production. The author does not profess to give a full treatment, explaining that "two or three years of hard study are required at the Royal Central Institute of Stockholm in order to be graduated there." There are, however, hundreds of cases where the "passive movements" and a few of the most useful of the "resistive movements" will not only give great relief, but even effect a cure, when properly applied. He cautiously endeavors to disclaim relationship to the professional physician, as well as any common interest with "magnetism," "regular gymnastics" or "rubbing." He then proceeds to set forth the advantages of the treatment, the modes of application, the different disorders, which are remedied, etc., and so accomplishes his aim in the little publication to enable the application of the agency, successfully, where the extraordinary facilities do not exist. There is no doubt of the great benefit often afforded by this treatment when faithfully and intelligently applied.

"THE LATER PLATONIST" * is the title of a pamphlet before us which gives a brief sketch of the teachers of the Neo-Platonic School at Alexandria, and a summary of their principal doctrines. It throws much light upon historic matters in the earlier centuries, and exhibits the sages of that time as wiser and more far-seeing than their vilifying adversaries have been willing for us to know. The pamphlet thus describes them:

"The Neo-Platonists, after a century of persecution and proscription, disappeared from public view. Noble men they were, and worthy of respectful mention. They had grappled with the mightiest problems of thought with admirable acuteness and sagacity. They were the statesmen of their period, and they hallowed the philosophy of their time by making it religious. Neo-Platonism voiced and represented the purest and noblest aspirations of the time in which it flourished; and neither morally nor intellectually was it a failure."

A translation of the work of Iamblichos on the "Mysteries or Ancient Perfective Rites" was made by Dr. Wilder and printed several years ago. It was an explanation of the same doctrines.

Treatment. By Prof. Hartvig Nissen. Philadelphia and London. F. A. Davis, Publisher.

*"The Later Platonist." By Alex. Wilder, M.D. This pamphlet can be obtained from the author, 565 Orange Street, Newark, N. J.

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ARE there too many women? The author of the little *brochure** before us seems to think so, and furnishes statistics to prove her assertion. The pamphlet is divided into three chapters, in which are discussed "the proof of it," "the consequences of it," and "the causes and the cure." The author has evidently studied the subject, and her views are worthy of a careful perusal.

PROCEEDINGS OF SOCIETIES.

THE ECLECTIC AND BOTANIC PRACTITIONERS OF GREAT BRITAIN held a conference at Nottingham, England, May 8, 1890, and organized the British Association of Eclectics and Medical Botanists. The officers elected for the ensuing year are as follows: President, J. P. Dowling, London; Vice-Presidents, R. F. Richardson, Nottingham, and A. M. Proctor, Derby; Treasurer, John Marlow, Nottingham; Secretary, J. Simmons, Hyde.

The new association is described as embracing the ablest practitioners of the Reformed Schools in England; and the hope is confidently expressed that they will make Eclectic medicine as great in Great Britain as it has become in America. The road before them is up-hill. A powerful body anxious to crush them, and using every feasible means for the purpose, and the sickening indifference of so many to the progress of a cause so long as they can make money themselves, must be met and overcome. The new society appears, however, to have begun well and at the right end. Organization is vital to a successful effort; and literature to its permanency.

THE OHIO STATE ECLECTIC ASSOCIATION at its annual meeting held at Columbus, May 20th, elected the following officers for the year: President, Wiliam E. Bloyer, Cincinnati; Vice-Presidents, Frank E. Howland, Prospect, and J. M. Shrader, Hopewell; Recording Secretary, A. P. Taylor, Sunbury; Corresponding Secretary, John K. Scudder, Cincinnati; Treasurer, David Williams, Columbus.

The Association is in excellent working order, and has four auxiliaries all of which are flourishing.

The next meeting will be held at Put-in-Bay May 21, 22, and 23, 1891.

* "Too Many Women; and What Comes of It." By One of 'Em. Clark & Zugalla, Publishers, 33 Gold Street, New York. Price 10 cents.

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The Medical Tribune.

ROBERT A. GUNN, M.D., EDITOR.

VOL. VI. AUGUST 15, 1890. No. 6.

HYDROPHOBIA AND THE PASTEUR HUMBUG.

RABIES has come to be considered a malady peculiar to the summer season. Of late years the scare concerning it has commenced with the balmy days of spring, and has continued to increase till the height of the excitement is reached in the sultry days of midsummer.

This year has been no exception to the rule. A great many persons have been bitten by dogs, and patients from all parts of the Union have flocked to the recently established Pasteur Institute in this city to receive the Pasteur inoculations at the hands of Dr. Gibier, who came here from Paris to foist the Pasteur humbug upon us.

The sensational reports of the daily press concerning the ferocious attacks of rabid dogs upon men, woman and children, and the false or ignorant statements of Dr. Gibier and others regarding the great prevalence of rabies during the hot weather, have been instrumental in causing a panic of fear, regarding hydrophobia, which is as senseless as the Pasteur theory of preventing the disease is unscientific.

As hydrophobia in man, when met with, can generally be traced to inoculation from a rabid dog, it becomes necessary in our examination of this subject, to carefully study the symptoms and progress of rabies in the dog, that we may be better prepared to deal with the disease in the human race.

Among the ancient Egyptians, Greeks and Romans, and down through the centuries almost to the present day, the "dog days" were supposed to have a mysterious influence upon the canine race. During the reign of Sirius, the dog-star, dogs were supposed to be affected with madness, the same as persons were supposed to be-

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come insane during certain phases of the moon; but within the present century, careful inquiry has established the fact that no season of the year has any special influence in the production of rabies. Of 2520 authentic cases observed in France, Italy, Austria, England and the United States, there occurred, in the spring, 704; in summer, 621; in autumn, 608; and in winter, 587.

Of this number, only 101 were observed in this country, and these were collected by Dr. Blatchford and reported to the American Medical Association in 1856. Since that time the number of authentic cases is much smaller than is generally supposed, and the great hue and cry made about mad dogs, every summer, is more the result of ignorance and fright than reality.

From all the experiments that have been attempted to ascertain the origin of the disease, no case of its spontaneous development has yet been observed, and the theory of its reproduction solely by inoculation, from animal to animal, is now generally accepted. Such, certainly, is the way it appears to be transmitted in a vast majority of instances at the present day, no matter what may be the source from which it originally sprung. This being true, it is reasonable to suppose that a knowledge of the disease in the dog would soon enable us to make hydrophobia in man impossible.

RABIES IN THE DOG.

People do not, as a rule, know a mad dog when they see one, and often mistake other diseases in the dog for rabies, and thus they expose themselves to be bitten by a rabid dog, while they avoid and kill a perfectly harmless one. Some writers divide rabies in the dog into two varieties, dumb and furious, while others describe a third variety under the name of tranquil rabies. Virchow denies the existence of these varieties, and considers the different forms as merely prolonged conditions or stages, which he divides as follows: First, the stage of melancholy; second the irritable and furious, and third, the paralytic stage.

The early symptoms of rabies are somewhat obscure, but in the greater number of cases sullenness, fidgetiness and continued shifting of posture are the most prominent. For several consecutive hours the dog may be seen to retreat to his basket, bed or some dark corner. He shows no disposition to bite; he is curled up and his face is buried between his paws and his breast, and he answers the call upon him laggardly. At length he becomes very

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fidgety, he is constantly searching out new resting places and changing his posture, he begins to look strangely about him, and goes from one to another of the family, fixing on them a steadfast gaze, as if he would read their very thoughts. He shows an increased attachment for his master, and will almost unceasingly lick the hands, face or any part he can get at. Costiveness is often present, and some dogs vomit once or twice in the early period of the disease. The natural appetite generally fails and becomes strangely depraved, and he usually occupies himself in gathering and swallowing bits of thread, hair, wood, straw, glass and dung.

Delirium soon shows itself. After a momentary quiet a rabid dog will start up, and with ferocity on its countenance, plunge with a savage howl to the end of his chain, in pursuit of some imaginary object. Then comes a moment's pause—a moment of actual vacuity—the eye slowly closes, the head droops, and he seems as if his fore feet were giving away, but he springs up again, every object of terror once more surrounds him ; he gazes wildly around, he snaps, he barks, and again rushes to the extent of his chain, prepared to meet his imaginary foe.

Much has been said of the profuse discharge of saliva from the mouth of the rabid dog. It is an undoubted fact that in this disease, all the glands connected with the secretion of saliva, become increased in bulk and vascularity. The sublingual glands wear an evident character of inflammation ; but it never equals the increased discharge that accompanies epilepsy or nausea. It is a symptom of short duration, seldom lasting longer than 12 hours. The stories that are told of the mad dog covered with froth are altogether fabulous. The dog recovering from, or attacked by, a fit may be seen in this state ; but not the rabid dog. Fits are often mistaken for rabies, and hence the delusion. The increased secretion of saliva soon passes away. It lessens in quantity and becomes thick, viscid, adhesive and glutinous.

To this naturally and rapidly succeeds an insatiable thirst ; and so long as the animal has power over the muscles of the jaw, he continues to lap. When the jaw and tongue are paralyzed he plunges his head and even his body into the water and makes constant efforts to lap it. Hence, instead of the disease in the dog being always characterized by the dread of water, it is marked by an unquenchable thirst and an inclination to be in or near the water.

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When the dog utters any sound during the disease, there is a manifest change of voice. The muzzle is elevated, and the commencement of the noise is a perfect bark, ending abruptly and singularly in a howl of a higher key than at the commencement. Every sound uttered is more or less changed and these should be carefully observed.

About the third day the delirium increases and he bites at all real or imaginary objects within reach. He manifests a desire to leave home, and will only return after many hours. If confined he gives vent to a peculiar bark and howl, but if at large, he makes no noise. He trots on in a straightforward course, turning to avoid obstacles. If struck or interfered with he will attack his adversary savagely, but will seldom go out of his way to attack any object, and will even endeavor to escape if pursued.

This course cannot be long pursued. He soon becomes exhausted, moves with an unsteady, trotting gait. His head is bent to the ground, his mouth is open, his tongue protruded and of a lead-blue color, and his tail drawn between his legs. Finally paralysis ensues, first of the hind quarter, and finally of the whole body, which is soon followed by death.

The ordinary duration of the disease is from four to six days, but it may sometimes extend to ten days.

Nothing is definitely determined in regard to the length of time that elapses between the receipt of the injury and the appearance of rabies in the dog and other animals. It, however, rarely exceeds three months.

What is the cause of this disease in the dogs? So far as investigation has been able to reach, it is conceded that the saliva of a rabid animal must be received into a wound, or on an abraded surface. The virus is deposited on or near the surface, and there it remains for a certain indefinite period of time. The wound heals kindly, as a rule, and weeks, and sometimes months pass by, without any indication of danger. Then it breaks forth when least expected.

Mr. Youatt says he has never seen a case of rabies in the dog, which occurred in less than fourteen days after the bite, and the average time he calculates at five or six weeks, while after the third month he considers the animal tolerably safe.

All animals bitten by a rabid dog do not take the disease, as has been proven by some animals becoming affected with it and others escaping, after having been bitten by the same rabid dog. Dr. John

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Hunter mentions an instance in which twenty persons were bitten by a rabid dog, and only one suffered from the disease.

Dogs are liable to many of the diseases common to man, and many times, when sick from various causes, they are believed to be mad, and at once destroyed. Of the so-called mad dogs killed every year, probably not more than one in a thousand had genuine rabies.

HYDROPHOBIA IN MAN.

Little attention would have been given to rabies in the dog, but for the fact that man often fell a victim to the inoculation. Since the existence of the disease in man has been recognized and traced to the bite of a dog, the higher animal has been the greater sufferer from it; for, with all our boasted superiority over the brute creation, in this disease the mind places us at greater disadvantage than simple instinct leaves the dog. Many dogs may be bitten by a rabid one and few take the disease; while many persons who are bitten by non-rabid dogs, sicken and die from the fear of becoming hydrophobic.

Of all the diseases to which the human race is subject, none is associated with so much dread as hydrophobia, none is so little understood by the profession? none has had so many different theories invented concerning it, and none has been treated by so many different and entirely opposite methods. Why is this? Because the superstitions of the past concerning the evil influence of the dog star upon the canine race, and upon those who were bitten during its reign, has come down to us with a strong hold on the popular mind, and the element of fear with which those superstitions are blended, produced such powerful and different impressions upon the imagination, that it has been impossible to separate the real from the imaginary symptoms of the disease.

This fact has been so manifest to all observers that many have denied the existence of any disease resulting from the bite of an animal, but attributed all the symptoms to the influence of fear on the imagination.

Whatever theory of hydrophobia may be correct, whatever subtile influence may have worked to develop the symptoms of the disease, certain it is that persons who have been bitten by dogs sicken and die; and, therefore, it becomes our duty to do all in our power to understand the disease and to arrive at more

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conclusions regarding it. After a careful review of the entire subject, I do not hesitate to state my convictions as follows:

First. That there is such a thing as genuine hydrophobia, resulting from the bites of rabid animals.

Second. That the origin of the disease and the nature of the poison, is, as yet, entirely unknown.

Third. That genuine hydrophobia in man is very rare.

Fourth. That most of the cases reported result from dread of the disease.

Fifth. That the discoveries claimed by Hammond, Pasteur and other writers, are illogical and unscientific.

Sixth. That the Pasteur treatment is empirical and irrational, and unsustained by facts.

Seventh. That our municipal authorities are responsible for the general ignorance that prevails regarding the disease.

Eighth. That a commission of inquiry should be appointed and supported at the public expense, to conduct such investigations and experiments as are necessary to clear up the mysteries that surround this entire subject.

Symptoms.—After a person has been bitten by a rabid animal, there is an absence of all immediate symptoms. The wound heals kindly and no evidence of any trouble manifests itself till the sixth or seventh week, about which time the first intimation of the disease shows itself. This period of incubation or latency varies considerably. It is, however, seldom less than forty days or more than six months.

The symptoms that usher in the complaint are spoken of as general and special. The general symptoms are undue heat of the body, uneasiness and restlessness, loss of appetite, alternate chills and flushes, sore throat, then actual fever with nausea, vomiting, headache and excitement. These symptoms are soon followed by those of a special character. The scar of the bite becomes irritated, and an itching, painful sensation is felt, which sometimes extends along the course of the nerves. The scar becomes red, swollen and inflamed, and often ulcerates, discharging a thin, unhealthy pus. The accompanying pain often takes on the character of chronic rheumatism.

If the patients are children, they become more shy; if older persons, they are depressed, lonely and anxious, and manifest a degree of listlessness, which passes into a vacant stare, regardless of

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surrounding objects. Great anxiety is manifested regarding the bite, a sense of weight and pressure is felt upon the chest; the sleep is disturbed and broken by the patient suddenly starting up in frightful dreams. A sense of oppression and gloom settles down on the mind, the appetite is lost, there is no desire for swallowing, there is sighing and oppression of breathing with unusually deep inspirations, and a rough, husky voice. A sense of languor and lassitude, with great weakness and heaviness, follows, with sometimes slight, convulsive twitchings about the face and extremities.

These premonitory symptoms may continue from a few hours to eight or ten days before the second, or stage of irritation sets in.

This stage is ushered in with stiffness of the muscles of the throat, jaw and root of the tongue, pains in the stomach, chilliness and drowsiness. All attempts at swallowing become difficult and occasion severe paroxysms, hence the great dread of fluids and the subsequent dryness of the mouth and throat, with distressing, burning thirst which cannot be quenched. The spasm extends to the muscles of the larynx, inducing hurried respiration and a sense of suffocation. The voice is changed and hoarse, the secretions of the mouth and fauces, which were at first frothy, become now viscid, and can only be expelled with difficulty, causing a hawking and barking noise in the effort. The convulsive spasms afterward involve the muscles of the general system, through the spinal and cerebral nerves, inducing convulsions which may resemble epilepsy and tetanus, and may last from ten to twenty minutes. There is flatulency, and vomiting of a dark, greenish, bilious fluid; the micturition is frequent, and in later stages the urine is passed involuntarily. The senses are rendered morbidly acute, the surface of the body irritable, and readily acted upon by the slightest gust of air; even the feeling of the pulse inducing an accession of the convulsive paroxysm; the sight or sound of fluids cannot be borne, as aggravating the attacks. The mind becomes in a state of frightful agitation, anxiety and alarm; there is a fear of even their best friends, and of being left alone; there is no comfort or consolation, but indescribable despair, with sometimes entire loss of control, exciting rage. There is no sleep, and the patient is often talkative and verbose. The mental disturbance may be very slight, but on the other hand, attended with temporary rabid impulses and delusions, sometimes causing an inclination to bite.

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The features possess a wild, sparkling appearance; the brows contracted, the eyes staring, the angles of the mouth retracted, and an intensely anxious and haggard aspect. As the disease progresses, the paroxysms increase both in frequence and violence, and are oftentimes attended with great cerebral excitement, bordering on wild maniacal fury. The duration of this stage may last from twenty-four to forty-eight hours; it is generally short and severe.

The third or paralytic stage is the decline and last moments of the disease. It is attended with rapid depression and nervous exhaustion, intermission of the paroxysms, and delirium; there is great emaciation; the mouth remains open, and the saliva runs out, or else passes back into the throat, causing a gurgling noise, and the urgent attempt to swallow it or spit it out induces a choking sensation. The pulse becomes small, quick and irregular; the skin bedewed with clammy sweat, the eyes dull and sunken, and pupils large; and death takes place either by suffocation, during one of the convulsive attacks, or from exhaustion. The entire duration of the disease is from twenty-four hours to three or four days, although some have claimed that it may continue from one to two weeks.

These symptoms, so far as have been ascertained, are those that attend genuine hydrophobia, but happily they are very rare. They are observed with considerable uniformity in young children and in persons who have heard little or nothing of hydrophobia; but in these cases the difficulty of swallowing is unattended by the fear or dread of fluids, and there is less evidence of anxiety depicted on the face.

At one time in Prussia and Holland, laws were enacted by which all dogs were operated on for the removal of what was called the "worm of madness," which was supposed to be situated under the dog's tongue, and was said to be the cause of rabies. The efficacy of this operation was greatly relied on as a preventive of the disease, and as all dogs were "wormed" very early there was no popular dread of hydrophobia. Yet cases occurred, and as the element of fear was entirely absent there must have been a poison inoculated to produce the disease. Again, when animals, men and very young children are bitten by the same dog, and all manifest similar symptoms and finally die from them, we must believe that

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fear has not been the agent at work, but that a specific poison exists.

As to the origin of the disease, and the nature of the poison, we have not sufficient data upon which to build any rational theory by which to explain either?

It is possible that rabies may be a disease to which the canine race is liable, and the exhalations from the tongue, through which the dog perspires, carries off a poisonous effluvia from the entire blood, and is capable of communicating the disease. It is not improbable that a proper investigation might lead to a complete change of opinion regarding the disease; for heretofore no good opportunities for investigation have been had, because nearly all dogs are destroyed without any examination, if they manifest any symptoms of sickness, particularly if they have been known to bite any one.

It has been claimed by some writers that persons have shown all the symptoms of hydrophobia in twenty-four hours after being bitten. Others report cases as developing at different periods, ranging from one to twenty, and even thirty years after the bite was inflicted. Again, several persons have been bitten by a dog which has afterwards been proved not to have been rabid, and one of the number has long afterwards developed symptoms of hydrophobia, and traced their cause to that bite, while believing in the superstition that he would go mad at any time in the future if the dog did.

Still other cases are on record where the symptoms have all developed under the belief that the dog was found to be rabid and killed; but, on being told that the dog had only been sent away, and was not mad, the symptoms have all subsided for months, but, on learning that the dog had really been killed, the same symptoms have recurred, and resulted in the death of the patient.

I believe that all such cases are purely the result of fear, and Dr. D. H. Tuke has aptly styled them *hydrophobia-phobia*.

When the hydrophobic symptoms occur a few days after the injury has been received, it will always be found that the patients are of an extremely nervous temperament, and that the general constitutional symptoms of blood poisoning are always absent, as well as many of the most characteristic symptoms of the disease, as developed after a period of incubation. All diseases resulting from the inoculation of specific poisons have a regular period of

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incubation, and local symptoms manifest themselves at the site of the injury, while the general symptoms depress the entire energies of the body. Now, if hydrophobia results from a specific poison, as believed, it can be no exception to the general rule in such diseases. And I claim that without a period of incubation of, at least, three or four weeks, we cannot have a case of true hydrophobia. Again, when the symptoms develop after a period of six months, the local injury is not inflamed and the difficulty of swallowing and muscular paroxysms are the only prominent symptoms. The evidences of blood poisoning are wanting, and no true hydrophobia exists.

Numerous cases are on record where hydrophobic symptoms have been developed by the influence of the imagination. Tuke mentions the case of a physician of Lyons, "who assisted in the dissection of several hydrophobic patients and was seized with the conviction that he had been inoculated with the virus. He lost his appetite and was sleepless; when he attempted to drink he was seized with choking and spasm of the pharynx; for three days he wandered about the streets in a state of despair, till at last his friends succeeded in convincing him that his malady had its foundation in his mind."

Two brothers of Montpellier, France, were bitten by a mad dog and one of them soon went to Holland and did not return for ten years. Learning, on his arrival home, that his brother had died from hydrophobia, he was seized at once with hydrophobic symptoms and died.

Dr. Tuke reports a case of a boy who "was bitten by a small terrier on the left leg. The wound was slight and healed without difficulty. About two months after he complained of severe pain in the leg at the seat of the bite. He refused food and drink, became greatly excited at the sight or sound of water, and all the symptoms continued to increase till he was placed under the influence of the bromide of potassium, when he began to improve and finally recovered after he believed that the dog that had bit him had been killed." Many cases are on record where persons have been bitten by non-rabid dogs, and years afterwards, the dogs being supposed to have gone mad, the persons have had hydrophobic symptoms, and some have died, while others have been led to dismiss the old superstitions and the symptoms disappeared.

It has become a prevailing custom for the press to publish every

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thing written on hydrophobia, whether good, bad or indifferent, and these nonsensical productions have no other merit than to advertise the writer and mislead the public. I despise such pretenders from Dr. Hammond down, and if it were not for the fallacies they advance, their twaddle would be beneath our notice.

The New York *Tribune* of July 1, 1874, headed an article by Dr. Hammond, "A great scientific discovery." The article contained an account of Dr. Hammond's wonderful experiments in the McCormick case of hydrophobia. These experiments revealed structural changes in the medulla oblongata, and therefore the author concludes that "hydrophobia is a disease of the great nerve centres, and not a blood poison." This assertion was confidently made on the strength of the pretended discovery of certain lesions of the medulla oblongata, spinal cord and cortical substance of the brain, in a single case where the patient manifested symptoms of hydrophobia; while on the following day it was as confidently asserted that a man who had been bitten by a dog, and presented many of the same symptoms, had not died from hydrophobia because the lesions in the brain and spinal cord differed from those found in the McCormick case.

Dr. Hammond, in an address before the Neurological Society, corrected or modified these assertions. After describing the lesions he met with in the brain and spinal cord, he said: "I am very far from claiming that these are essential conditions of hydrophobia. I only know that they existed in McCormick's case. Whether they will exist in the next case or not nobody can tell. We are on the very verge of inquiry, and it would be the height of presumption in me to declare that I have discovered the essential condition of hydrophobia." This was said before a medical society, yet to the general public he did have the presumption to say that he had discovered the essential condition of hydrophobia. Further on in his address he said: "As far as one case can establish another, this McCormick case established the facts that in hydrophobia we find disease of the cortical substance of the brain, disease of the medulla oblongata, disease of the spinal cord, and disease of the roots of the pneumogastric and hypoglossal nerves."

Surely no one but a dreamer would presume to say that hydrophobia is not a blood disease without more proof concerning its nature than Dr. Hammond drew from a single case. Yet the only conclusion that can be drawn from the doctor's lecture is, that

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hydrophobia is a disease exclusively of the nervous system, resulting from the injury inflicted by the teeth of the dog on the peripheral nerve, and entirely independent of the action of any specific poison introduced through the agency of the blood. If this be true why is it necessary that the injury to the nerve should be inflicted by the teeth of a rabid or excited animal? Why do we not meet with cases following the puncture of a nail, needle, bayonet or surgeon's knife? If an injury to the nerve be all that is necessary to produce the disease, we would certainly meet with some well-defined cases after the numerous accidents we are daily called upon to witness. Had the doctor taken the ground that the injury simply excited fear and through the influence of the imagination the hydrophobic symptoms were then produced, the position would be rational at least. In proof of his theory, Dr. Hammond cited tetanus, or lock-jaw as another disease alone due to the injury of a peripheral nerve. Now, this is not true. If it were, tetanus would follow every such injury, while in fact it very rarely occurs, and when it does, all the facts go to show that some peculiar condition of the nervous system, or neurosis, previously existed, and was developed by the injury to the peripheral extremity of a nerve. The same is true in regard to epilepsy, and even Dr. Hammond will hardly dare to assert that the case he cited when the disease followed a wound in the thumb, was produced by that wound independently of any pre-existing neurosis.

Now, to make the analogy between hydrophobia and tetanus complete, we must discover a special neurosis which may be developed into hydrophobia by an injury to a peripheral nerve. With such a condition pre-existing in the individual, it would make no difference what caused the local injury, as hydrophobia would be the result. But no case of genuine hydrophobia has ever been reported as resulting from any other injury than the bites of rabid animals, and till a number of such reports are made and verified we must look for the cause of the disease in other directions than the mechanical injury to the nerves.

It has long been admitted by all writers on the subject that true hydrophobia spends its force upon the nerve centres, and it is as rational to suppose that the lesions discovered by Dr. Hammond in McCormick's case were secondary as to infer that they were produced by a primary disorder. If we examine the different authorities on the subject, we will see that Dr. Hammond ad-

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vanced nothing new, but a few changes he claims to have found on the examination of one brain.

In speaking of hydrophobia, Dr. Scudder, in his "Practice of Medicine" says: "The poison of rabies, absorbed into the system, gives rise to a peculiar irritation of the nervous system, more especially marked in the true spinal system. The symptoms all point to the medulla oblongata and spinal cord as the seat of the disease, and the post-mortem examination shows these parts to have been subject to severe irritation and vascular excitement. The condition of the spinal cord varies in different cases, but in all it manifests serious lesions, as we should suspect from the symptoms observed during life." Dr. Watson gives a similar description of the condition of the nerve centres, and cites several cases where it was developed by the saliva of the rabid dog coming in contact with the mucous membrane of the mouth without any injury being inflicted by either teeth or claws. In these cases the poison came in contact with an abraded surface.

After announcing his wonderful discoveries, Dr. Hammond proposed to exterminate hydrophobia by filing the teeth of the entire canine race, as this would prevent them from inflicting wounds to injure the minute filaments of nerves.

Surely the wisdom of this modern philosopher deserves to rank with the statement of Pliny that "dogs will run from any one having a dog's heart about him, and will never bark at a person who carries a dog's tongue in his shoe, under the great toe, or the tail of a weasel which has been liberated after being deprived of that appendage."

Or at least, this procedure for preventing hydrophobia will compare with the removal of the "worm of madness" from under the dog's tongue, or the use of the ashes of the hair of the dog's tail that inflicted the wound, or the biting off the last bone of the tail when the pup is fourteen days old.

Other pretended discoveries concerning the nature of hydrophobia are based on no firmer foundations than those I have mentioned; and in spite of all the assertions to the contrary, no rabies microbe has yet been discovered.

Much of the treatment recommended for hydrophobia in the past has been empirical and irrational, but none more so than the Pasteur inoculations, which have of late superseded all other methods of treatment.

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A little over five years ago the press of Europe and America teemed with accounts of the wonderful achievements of M. Pasteur in preventing the development of hydrophobia, by the inoculation of a cultivated virus prepared from the spinal cords of rabbits that had been previously inoculated with the true virus of rabies. Patients flocked to him from all parts of the world, received the magic injections, and were pronounced safe after a week's treatment. In most cases there was no proof that the dogs that inflicted the wounds were rabid; and in the cases of the Newark children who were sent to Paris for treatment, it was shown that the dog that bit the children was not rabid, and that one child who was bitten and remained at home has been equally as free from hydrophobia as the Pasteurized children.

In spite of all the doubtful circumstances surrounding the cases, the press almost universally approved of Pasteur's treatment, and even those who could produce strong arguments against it were denied a hearing. It was enough that the great scientist claimed he had produced in his laboratory an attenuated virus that would prevent the development of hydrophobia, if used any time within three months after the bite had been inflicted. Soon, however, a patient died, and then it was claimed that the treatment, to be effective, must be received before the thirty-sixth day. The speedy death of another patient who had been pronounced safe upset this theory, and the limit of time was further reduced, first to twenty, and soon after to sixteen days. A succession of deaths occurring among those who had been treated within the shortest time stated led intelligent people to conclude that those who had been really bitten by rabid animals died in spite of the treatment, while those who had not been so bitten, if they survived the treatment, were saved (?) from hydrophobia.

M. Pasteur is not to be thus put down, and therefore he must square his theories with the facts. He has made a great scientific (?) discovery, and he must change it with every failure till the poor public is forced to swallow it. In a paper read before the Academy of Sciences of Paris, September, 1886, he said that a sad experience had taught him the necessity of inoculating with a more intense virus. This new virus was used, and a patient treated with it died within a month; and between that time and March 1st, 1887, sixteen deaths occurred among those so treated. An important fact in connection with the "perfected" method of treatment

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is that all the patients died from what is called "paralytic rabies," which was unquestionably produced by the new "intense virus."

In the face of these facts Pasteur has continued to treat persons bitten by dogs, yet no effort is made to ascertain the condition of the dogs that are said to be mad.

A Pasteur Institute was established in New York about three years ago but it died soon after its birth. Now Dr. Gibier, a pupil of Pasteur, finding the field in Europe monopolized by his master, comes to New York, establishes his Institute, and through the sensational stories told by the press, receives more patients than he can accommodate. Of all the patients he has pronounced protected by his treatment, there is not a single case in which there is the slightest evidence that the person was in danger of hydrophobia. Fear of the disease drove the patients to the wily doctor, who charges from $300 upward for each case, and tells his patients that it costs him $100 for each course of treatment. Perhaps the doctor will inform the public what royalty he pays Pasteur for the privilege of announcing his Institute as the only *simon-pure* one in America.

At another time I shall present the views of many of the leading men in the profession, who have denounced Pasteurism as a humbug, after giving his claims a careful scientific investigation. In the meantime I shall not be deterred from expressing an opinion on this subject, even though all persons who do not accept Pasteur's theory are already denounced as "unreasonable cranks."

Hydrophobia will continue to excite the public dread till something is done to enable the public to have more rational views concerning it, and an opportunity is offered the profession to exhaust all means of investigation with the view of learning something more definite regarding it.

I have said that our municipal authorities are responsible for the general ignorance that prevails regarding hydrophobia. The laws that are enforced against the canine race keep up the belief that the disease is peculiar to the summer. This engenders fear during the warm weather, which often produces hydrophobia-phobia, and quiets all apprehension of danger during the greater part of the year. The entire matter is placed in the hands of extremely ignorant persons, who often capture the dogs of the poor to draw money out of the public treasury, and those of the rich that they

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may draw larger sums from the owners of the dogs, and failing to do either, they import a supply from adjoining towns.

Instead of such disgraceful procedure a commission of physicians and veterinary surgeons should be appointed, to act under the authority of the Board of Health. They should have printed in convenient form concise rules by which approaching rabies might be detected in the dog, and these should be supplied to every dog owner. Whenever any suspicious symptoms were noticed, the dog should be sent to a hospital under the care of the commission, not to be killed, but to be treated and returned to its owner if cured. In this way the progress of the disease would be carefully watched, no dog would be killed so long as a doubt as to its condition existed, and thus fear would soon cease to excite hydrophobic symptoms, because positive knowledge would prevent it. The vagrant curs could then be used to enable us to ascertain by experiment the exact period of incubation, the causes that combine to produce the disease, and the influence of different medicines or modes of treatment.

Under such a system we might reasonably expect to banish the disease even if we did not succeed in discovering remedies that would cure it.

EDITOR.

BURDOCK SEEDS.*

EARLY in the present year I wrote an article for the *Medical Free Press* and one for the *Eclectic Medical Journal* of Cincinnati, giving an account of the use of burdock seeds in amenorrhœa. I said then that I considered this remedy almost a specific for amenorrhœa and dysmenorrhœa, and as a general uterine tonic; and since that time I have frequently verified my conclusions, in cases of from two months to three years duration.

My attention was called to the use of burdock seeds (Lappa officinalis) in uterine disorders in 1884, by Dr. Franklin Martin of Wardsboro, Vt., an old-fashioned Botanic practitioner. Dr. Martin says that in chlorotic girls suffering from amenorrhœa, a tea of burdock seeds used as hot as can be swallowed will prove a most effective remedy in bringing on the menses. He sometimes adds a

* Presented to the Connecticut Eclectic Medical Association, May 13, 1890.

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little red-pepper pod to the tea. I tried it in my practice and found it equal to any of this class of remedies, but the large doses required and the unpleasant taste are serious objections to its use. Lappa officinalis is usually described as alterative, aperient, diuretic and diaphoretic; and I have only once seen it recommended for female irregularities. In the *Therapeutic Gazette*, February 15, 1888, page 142, Dr. F. M. Stratton of Metropolis, Ill., says: "A saturated tincture, in proof spirits, of burdock seeds is a most certain, safe and pleasant emmenagogue." He goes on to say that hearing this recommended over five years ago, he had used nothing else, since then, in all cases of amenorrhœa and dysmenorrhœa. He used it with aloes when a cathartic was needed.

I tried the saturated tincture, used it with aloes, aloin, etc., but I did not have the good results that follow the use of Dr. Martin's hot tea. After further trials and looking up the authorities, I found it stated by Beach that "sulphur in a free state, some oxalate of lime, starch and some extractive principle soluble in water" were found in burdock. Acting on that theory, and thinking that the stimulation of the hot tea might open the way for the burdock to act, I made a stimulating elixir, using capsicum as the stimulant. After making my tincture in the usual way, I steep the dregs in hot water for a time, and add this liquid to the tincture. I then add a simple elixir and I have a compound pleasant to the taste, and one that has so far acted as promptly as the hot tea.

The dose of the elixir is a teaspoonful an hour after each meal, and it should be continued during the month. Within a week of the time the menses is expected, or if in young girls who have never "come round," within a week of the time when they have had symptoms of approaching menstruation, a teaspoonful should be given every two hours, and continued till the "show" appears or until the symptoms pass away. Sometimes we may not succeed for the first, second or third month, but I have yet to find a case, where pregnancy did not exist, in which this treatment has failed me. In conjunction with the remedy I advise hip-baths, as hot as can be used, night and morning.

The elixir is aperient enough, so, as a rule, I have not been obliged to give anything for the constipation, even in the worst cases. In extreme chlorosis some form of iron should be given. I generally use Lloyd's Acid Solution, in alternation with the elixir of burdock seeds.

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In dysmenorrhœa I have had equal success with this remedy, but I wish to speak of one point here that I did not mention in my articles previously referred to. In many cases of dysmenorrhœa there is an undue sexual desire or an entire absence of it, in which coitus leaves the party unsatisfied, languid and uncomfortable. In such cases I use, in alternation with the elixir of burdock seeds, an elixir of salix nigra, made from the green bud tincture. This seems to act as a sedative to the sexual system, strengthening defective and decreasing abnormal desire. I give this preparation before and the burdock after meals.

I am now making both these remedies in tablet form, and will be pleased to send samples free to any physician who wishes to try them.

A. D. AYER, M.D.

Madison, Conn.

THE NIGHT-AIR CURE.

THE value of scientific theories depends to a large degree on the success of their application to the needs of the masses. We need home-knowledge. Recondite facts, underhand truths, are as barren as buried treasures. Yet how large a part of our theoretical science is in that *esoteric* condition. We have text-books of political economy and municipal hygiene, yet in ninety-nine of a hundred cases the very name of such sciences is unknown to the voter who decides their issues at the polls. The library of our Topographical Bureau contains tabulated maps on the climatic conditions of every square league of our national territory, but planters, stock-breeders and health-seekers are left to choose their homesteads at random.

Medical scientists are fully aware that the French hydrophobia cure is a failure, and that compulsory vaccination is an outrage on common sense, but how many scientific journals would dare to publish those facts? It is an open secret that the "healing waters" of our fashionable health-resorts might be compounded at any drug-store, and that Karlsbad, Biarritz, and Saratoga, as well as Epsom, might be carried home in the form of powders or pills, yet invalids are left to perform their weary pilgrimages year after year;

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physicians lack the courage to expose the fallacy of the popular *faith in out-of-the-way remedies.* The very followers of the reform-movement cannot resist the "charm of the abnormal." They prefer crank-work gymnastics to out-door sports, starvation-cures to frugality. Nay, even fresh air, the cheapest and the most ubiquitous of all natural specifics, loses half its charm for many of its most emotional admirers if it can be enjoyed free of expense. They disdain to expurgate the atmosphere of their stifling sitting-rooms by the simple expedient of opening a window, but are ready to undergo any amount of hardship for the luxury of the anomalous sensation of a bivouac in the snow and mist of a Canadian mountain-forest; while the Canadians envy the hygienic blessings of distant Florida.

"*Quod petis hic est, aut Ulubris;*" and Montaigne already rediscovered the truth that "happiness depends on subjective, more than on circumstantial conditions," but few seem to suspect how often that maxim might be applied to the conditions of health and disease. The Goddess of Health has no exclusive temple, and it is more than probable that a person of perfectly sanitary habits would have a better chance of longevity in the midst of a crowded city than a victim of hygienic prejudices could hope to find in a region of rock-springs and highland breezes. For, even in regard of respiratory disorders, in-door influences outweigh all other causes of disease, and the hygienic difference between the out-door atmosphere of the smokiest manufacturing town and the airiest Alp is a mere trifle compared with the hygienic difference of a well-ventilated or ill-ventilated dwelling-house.

In comparing the causes of pulmonary diseases, a difference of climate would, indeed, dwindle to a minimum, if the salubrious influence of highland air were not enhanced by the very circumstance which, on the other hand, aggravates the banefulness of the prevailing prejudice against "draught," *i. e.*, the direct influx of out-door air. The matter is this: The remedial value of fresh air depends to a considerable degree upon its temperature. Statistics prove that such atmospheric impurities as dust, soot, coal smoke, etc., are by no means incompatible with longevity; millers, and even chimney-sweepers, have a fair chance of reaching a hale old age, and the germs of lung disease are (besides a few such mechanical irritants as steel-grit), chiefly gaseous and microzoic. Stagnant air, vitiated by the process of respiration, seems to favor the

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development of disease-germs, while currents of pure air favor their elimination; but it is equally certain that the morbific tendency of a contaminated atmosphere is aggravated by warmth, while the expurgative influence of pure air is increased by a low temperature. Hence the apparent paradox that consumptives perish swiftly in the balmy climate of the West Indian coast-lands, while lung-diseases are almost unknown in the foul dens of the ice-bound Esquimaux. The logical inference would be that the most effective specific for all sorts of respiratory disorders should not be pure air, but pure cold air, or, perhaps, cold air *per se*, regardless of its incidental and inert admixtures. In other words, consumptives could be benefited by a tramp through the soot-stained snow and icy gutters of a northern factory town, more than by a promenade in the orange-groves of the Antilles, if it were not for the fact that a repulsive prescription, in the long run, is almost sure to miss its purpose. Crank-work gymnastics soon subside into abbreviations of programme. Fasting cures eventuate in life-weariness, if not in riotous relapses into their other extreme. Bitterwood extracts are apt to get mixed with alcohol. And no doctor of the higher latitudes need attempt a prescription of outdoor exercise in midwinter. The dread of *bacteria* may induce the patient to try the experiment; but after a sleigh-ride or two, or a shuddering visit to the frozen river-shore, Dr. Koch's pollywogs will seem a minor evil. A winter camp in the Adirondacks might prove attractive to outsiders of means, for a week or two, but a list of staple remedies would have to offer an option of less expensive equivalents. There is such a substitute, an expedient of incomparable efficacy, equally available in all seasons and climes, at an expense limited to the disbursement involved in the purchase of a good woollen blanket. In addition to the ordinary supply of bed-clothing, that blanket will obviate the only valid objection to the second part of the programme: the admission of the cool night-air through a wide-open bed-room window.

A load of warm clothing would so hamper the active occupations of civilized life, that in cold weather artificial heat will probably remain indispensable to the comfort of our sitting-rooms and work-shops, but at night a low temperature will make it easy enough to keep under cover up to the chin, either by force of habit or with the aid of a neck shawl, and that difficulty once overcome, a direct influx of cold out-door air is not only endurable, but posi-

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tively pleasant and conducive to soundest and sweetest sleep. Frequenters of Turkish baths know how delightful a stream of cold water feels upon the outstretched arm or neck, while all the rest of the body is immersed in over-warm water, and just as pleasantly a stream of fresh air will equalize the temperature of the system by cooling the exposed forehead when the cover of a warm bed begins to accumulate a surplus of caloric. To the lungs themselves, cool air is always welcome. The laboratory of the organism seems to find it far easier to raise than to lower the temperature of solid fluid or gaseous *ingesta*, and while hot beverages undoubtedly impair the functional energy of the digestive organs, millions of animals and birds indulge with impunity in the luxury of the coldest spring-water, and while hunters and travellers may be benefited by the bracing effect of a north wind, perhaps eighty degrees colder than the normal temperature of the system, an atmosphere only thirty degrees above the average of that temperature would soon produce languor, drowsiness, and fainting fits. Cold air is a tonic and antiseptic, and its efficacy in counteracting tendencies favoring the progress of zymotic diseases is illustrated by the well-known phenomena of climatic fevers reaching their epidemic phase towards the end of summer and disappearing after the first hard frost. Dr. L. D. Barkan, of Brooklyn, N. Y., who had a rare opportunity for studying the therapeutic influence of cold air in warm climates, found that not only fevers, but all sorts of digestive disorders, cutaneous eruptions, etc., can be more easily cured in open air than on the conventional hot-house plan, even *cæteris non paribus*, *i. e.*, under conditions unfairly handicapping the chances of the fresh air method. While serving in the Turco-Servian war, he says: "I kept the window in almost every room in my hospital constantly open, even during the night; and I had the satisfaction of observing that while in other hospitals small-pox and other contagious diseases prevailed, in my hospital they seemed to find no suitable soil for their further development; and notwithstanding that from want of room I was often obliged to put patients suffering from small-pox, typhus, erysipelas, diphtheria, etc., together with other patients in the same ward, these diseases did not spread. A favorite experiment of mine, and one from which I never saw any but favorable results, was to send patients suffering from grave diseases a distance of six miles to another and more roomy hospital. They were removed even in winter when

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the weather was not too excessively cold, but were, of course, well wrapped up, and every precaution was taken to prevent them from receiving any injury on the way."

The vitality of savages (in the festering coast-jungles of Equatorial Africa, for instance), their immunity from zymotic diseases, and their recovery from desperate wounds, could probably be explained in the same way: they pass their days in the open air, and their tenuous huts give them the full benefit of every breath of cool night-air.

But these observations apply still more especially to the cure of respiratory disorders. In the treatment of lung diseases cold air becomes, in the truest sense, a *topical* remedy, a specific admitting of local and direct application. Every breath of fresh air comes in direct contact with every portion of the respiratory apparatus, penetrates the pores of all its tissues and exercises its influence in stimulating the elimination of effete matter and morbid germs, and in the course of seven night hours a process of unrivalled expurgative efficacy can thus be repeated from eight thousand to nine thousand five hundred times. In all but the last stage of pulmonary consumption, *i. e.*, given a remnant of sixty per cent. of available lung-tissue, the remedy can be warranted to answer the purpose of arresting the progress of the disorder, and preventing the development of cognate affections. For the last twenty years I have been constantly liable to the contagion of catarrh (miscalled cold—as clearly a germ-disease as consumption or small-pox), and I believe that many of my fellow-victims must have reached a stage of experience enabling them to recognize the first symptoms of actual infection; slight hoarseness, irritation of the fauces and nasal ducts, and a peculiar feeling of stuffiness about the lower part of the forehead. In a close bedroom the first inkling of those symptoms will be followed by an obstreperous catarrh as surely as day follows the dawn, but in certainly more than a hundred cases a cool night and the transfer of my bed to the neighborhood of the airiest window has enabled me to nip the mischief in the bud. The symptoms of hoarseness on the following morning may yet be perceptible after a protracted vocal effort, but will diminish from hour to hour; the obstruction of the nasal ducts has disappeared; the "cold" is broken.

Consumptives who pass the winter in the tropics, and the summer (all but a dog's day week or two) in their northern city

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homes, might find it much to their advantage to reverse that plan. Catarrhs may be caught, but not cured, in May or June as easily as in December; while in midwinter, though contagion, with certain constitutions, is all but inevitable, the progress of the trouble can be prevented as easily as the development of a hiccough. It is true that there are persons blessed with catarrh-proof constitutions, with lungs resisting contagion as an unwounded skin may resist the effect of a virus, which in contact with a sore would produce a malignant inflammation. But any precedent of respiratory troubles generally entails liability to the danger of reinfection, and for the victims of a catarrhal diathesis the difficulty of prevention makes cure, indeed, the less impossible alternative. They may ventilate their own dwellings by all methods known to Siemens and Pettenkofer, they may flee from the city to the country and from the country to the wilderness, but the spectre will track their flight, and absolute safety from contagion cannot be found outside of a hermit's cabin. City dwellers, whom experience has taught to avoid tenement dens as they would shun the vale of the Upas tree, may meet their doom in a public library, in a lecture hall or meeting-house. Travellers may suffer infection in the cars of the very railroad that promised to accelerate their escape to a land of refuge, where perhaps the spectre will reappear in the medium of a snuffling errand boy or a beldam with a cargo of cough-seed and other country produce.

But the crop of that seed can be subdued in a single night in all but the sultriest weather. From September to May the success of the air-cure plan is infallible enough to attribute the exceptions almost exclusively to the irresolution of the patient. The opening of a side-room window, for instance, will not answer the purpose, till the mercury sinks to less than twenty degrees above zero, when, indeed, a direct draught can be entirely dispensed with, unless the temperature of the bed-room should have been artificially raised. But in less intense frosts the constant renewal of fresh air, secured by a steady current, seems to redouble the expurgative efficacy of a low temperature, and in midsummer, when the "cool" night air deserves that attribute only in contrast to a sweltering afternoon, the effects of the draught should be increased by all possible auxiliary contrivances, such as opening a door between the open windows of two different rooms, and putting the head of the bed in the direct line of the consequent air-current. Then

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cover the bed with any requisite number of blankets, and, instead of preventing sleep, that arrangement will prove a specific for otherwise incurable insomnia. The proximate cause of sleeplessness is the engorgement of the cerebral blood-vessels, and the simple plan of keeping the head cool and the feet warm might save cart-loads of narcotic drugs, and so recommends itself to the hygienic instincts of the organism that a few weeks' indulgence will render it, in fact, an almost indispensable condition of sound sleep. The atmosphere of a close bed-room will induce an uneasiness resembling the discomfort of the attempt to breathe under a heavy blanket, and after an evening passed in a sweltering lecture-hall the draught of the cold night wind, playing about the forehead and face, will become a luxury comparable only to the feeling of relief on emerging from a stifling cabin upon the breezy deck of a West Indian steamer.

And for consumptives that hygienic instinct assumes an additional significance. It is still a mooted point if the substance of wasted lung tissues can ever be reproduced; but I am confident that even in the beginning of that stage of the disease marked by the phenomena of night-sweats and hectic chills the progress of pulmonary consumption can be arrested within a month after the commencement of the night-air cure. The *sputa* will almost at once become less in amount and frequency; outdoor work will seem less fatiguing; asthmatic difficulties will be limited to the "short-windedness" induced by violent exercise, as in running, or climbing steep hills. Before the end of the first two months—especially of winter months—the patient will be restored to the comparatively satisfactory state of health when the abnormal condition of his organism will reveal itself only in a slightly diminished degree of general vigor. After that coughs will be only transient troubles; a slight hoarseness, with more or less irritation of the bronchial membrane, will end, within a day or two, with a light expectoration, as a proof that the congestion of lung-tissue does not involve any deep-seated affection.

When lung diseases were treated on the old plan of lubricating the bowels of the patient (with fish-oil) and secluding him from every breath of fresh air, consumption was a wholly incurable disorder; its most effectual remedy having been mistaken for its cause. When the dire consequences of that plan induced doctors to send their patients to the South, a small percentage might recover by the

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lucky accident of unavoidable draughts, as in travelling, camping, or roughing it in the rickety hostelries of a tropical sea-side resort. The true remedial agency was still hardly suspected, but got an occasional chance to assert itself in a way rather extraneous to the doctor's programme. The out-door exercise plan would have given Nature a daily opportunity to apply an unfailing specific of her own, if the balm of each day had not so often been counteracted by the bane of each night. Invalids who had come thousands of miles to climb the airy heights of a fashionable mountain resort were apt to lose both their labor and their life by passing their nights in the almost air-tight bedrooms of a fashionable hotel. Hospital nurses well know that the crisis of a disease, for better or worse, generally decides itself towards midnight, when the suspended activity of the voluntary muscles gives the self-regulating tendencies of the organism a chance to try conclusions with the disturbers of their harmony. On the whole, therefore, the result of the day *versus* night plan left the preponderance of influence in the scale of the morbific agencies. For, besides, a portion of each day being passed in a more or less vitiated atmosphere, had to be credited to the account of the adverse tendencies, which already engrossed the more critical half of the twenty-four hours. By the night-cure plan, on the other hand, the entire influence of that important factor is thrown into the opposite scale, and each daylight hour, passed in the open air, or in the neighborhood of an open window, increases the preponderance of chances in favor of permanent recovery.

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EXOPHTHALMIC GOITRE.

THE cardinal symptoms of exophthalmic goitre are complex cardiac irritation, exophthalmia and enlargement of the thyroid gland. These symptoms were brought under one group, about the same time, by Graves in England and Basedow in Germany, and hence the disease is known by the name of each of these investigators.

With our increased means of diagnosis numerous cases of the disease have been observed and recorded within the past decade.

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The earliest symptom is usually the irritability of the heart, which first manifests itself under excitement, but soon becomes a permanent acceleration, the pulse varying from 110 to 160 or even higher per minute. With the irregularity is usually associated strong pulsation, with *bruit* in the carotids, in the dilated vessels of the thyroid gland and occasionally in the aorta. Auscultation reveals but little, an occasional soft systolic murmur with slight hypertrophy being about all. The second cardinal symptom may or may not appear. If the thyroid shows any inclination to enlarge it will manifest itself within a few weeks; often the goitre is not present, or only in the late stages of the disease, the tachycardia and the exophthalmos being associated. The eyes may be simultaneously affected, but much oftener one is affected some weeks before the other. Owing to the wasting of the unstriped muscle of Müller in the upper lid, the palpetral fissure becomes enlarged, and the "bull's eye" appearance is suggested. The closure of the lid is infrequent and incomplete, and from this fact an important diagnostic sign, first suggested by Von Graefe, is afforded, viz.: that in the elevation and depression of the eyeball the upper lid takes but little part in the movement; that is to say, the lid does not follow the expression of the eye. If the goitre appears it may be the result of growth of one of the lobes of the thyroid, or may involve nearly all of the gland. As the gland grows it becomes more solid from new connective tissue proliferations, and pressing upon the arteries gives rise to a blowing murmur in this region; or, as I have seen, the consolidation of the gland becomes so great that it is lifted at every pulsation of the vessels beneath. The symptomatology of this disease may be varied by the absence of one of the three cardinal symptoms, but two of the symptoms will be found in every case, with a suspicion of the third.

All parts of the nervous system have been accused of causing this disorder, but its mechanism and origin remain among the unexplained phenomena. The great sympathetic is considered to have the power of controlling the action of the heart and maintaining the relative pressure within the arteries. This action taken with the other occasional associated symptoms, as glycosuria, intermittent albuminuria, vitiligo, bronzing of the skin, would point strongly to the sympathetic as being involved. The various relations of the pneumogastric with the fourth ventricle, the beat, the respiratory centre of the medulla, etc., might also be considered.

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Again Filehne severed the anterior fourth of the restiform bodies, producing exophthalmia in one case, enlargement of the thyroid in another, and the three classical symptoms in another. The most difficult feature to place is the relation of the thyroid to the general conditions, recent research and experiments having shown that the nervous system is profoundly affected whenever the thyroid is destroyed. That it is an important station in the hæmatopoietic system is no longer doubted, but just how it induces such changes in the nervous system is beyond the clinical evidences of myxœdemia, cretinism and insanities from its extirpation or destruction. Twenty-two carefully observed and reported autopsies are on record, but all give the same negative results. Hence from the various locations and different parts of the nervous system suspected, it seems plausible that no one part is liable, that in truth exophthalmic goitre is not a disease but a neurosis, or disturbance of some nerve elements themselves, whereby their functions are altered, and, as a result, conditions are produced which at present are beyond our means of investigation.

If our pathology is poor, certainly our therapeutics are in advance; and to-day cases are being cured where ten years ago nothing hopeful would have been held out to them. The treatment may be hygienic, pure and simple. The patient should live a quiet undisturbed life in the country, with absolute rest and freedom from all exciting or emotional disturbances. He should have good plain food, mostly eggs and milk, that is if the heart is not too feeble.

The well-known treatment of Jaccoud consists in the administration of arsenious acid and bromide of potassium. Night and morning minute doses of arsenious acid are given ($\frac{1}{100}$ to $\frac{1}{60}$ gr.) and between meals from 30 to 60 grains of bromide of potassium. Freidrich treats his cases much differently. He gives no bromides or arsenic, but quinine—and quinine for an indefinite period. It must be remembered that certain drugs are at all times contra-indicated, as the iodides, which increase the respiratory difficulty through enfeebling the heart. When quickened heart-beats are due to loss of cardiac contractility, digitalis is of value in slowing the rapid systole that follows enfeeblement of the myocardium I rely mainly upon digitalis and ergot associated with zinc or the bromides, especially if there exists much trembling or insomnia.

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The following is also a favorite prescription :

℞ Ext. Hydrastis fld..... ʒ iii.
Tinct. Collinsoniæ..... ʒ iii.
Zinci Bromidi.....
Ferri pyrophos.....āā ʒ i.
Ext. Ergotæ fld. q. s. ad..... ʒ iv.

M.

Dose—One teaspoonful, in water, three times a day. Charcot extols belladonna and ergot.

Within the past few years our ideas have greatly changed regarding the uses of electricity. From numerous sources come unequivocal testimony of good results and cures. Its applićation is varied, according to the manner of the authorities recommending it. Lewandowski advocates the franklinic, Charcot insists upon galvanism, while Mendl and others report good results from the faradic current. The two most general methods are those of Eulenberg and Guttman and Charcot and Vigoroux. The first consists in the faradization of the sympathetic, one electrode being applied to the region of the sympathetic in the neck, and the other to the cervical vertebræ, and the seances being continued from five to ten minutes, with medium current daily. The second consists of galvanism of feeble strength, about five milliamperes, to the precordial region. In my clinic I use medium currents of galvanism, five to ten milliamperes, down the spine, through the sympathetic and through sympathetic and precordial region, always commencing with feeblest posible current, gradually increasing and stopping just before unpleasant symptoms are complained of ; and, after ten minutes' sitting, I reduce the current to zero before removing the electrodes, *which should always be done.* Sea bathing, wet pack and ice-bag have all been of service, and hydrotherapy merits recognition in this class of nervous affections.

According to recent discussions before the Paris Academy, hypnotism, by equalizing the circulation and regulating the action of the nerve force, has been useful. D. Siller, of Buda-Pesth, obtains marked results from sending patients to altitudes varying from 1500 to 5000 feet. Singular to relate, but marriage, pregnancy and allied conditions incident to maternity have caused this disease to vanish forever. Wolfenden has found that the normal electrical resistance of four to five thousand ohms is in this disease, invariably

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reduced even as low as two or three hundred and averages five to seven hundred—an important aid to diagnosis. Bryson has lately added a fourth cardinal symptom, as yet of doubtful utility; but the point to be ever borne in mind is to equalize the circulation and regulate the nerve-force.

ROBERT SAFFORD NEWTON. M.D.
103 East 16th Street, New York City.

CASES IN PRACTICE.*

IN the following cases was it faith, imagination, the influence of the mind over the body, or the remedies used, that cured?

It may seem strange to some, or all of you, that I should introduce at this time and present to your attention a paper upon so false a pretense as the possibility of their being any remedial power in either the mind, faith, or the imagination, to cure the diseases to which intelligent beings are subjected.

It is not beneath our notice, nor is it beyond our jurisdiction, to discuss any or all measures of whatever name or nature that are used as a means of restoring the health of our fellow-men. It has been truly said that "the end justifies the means." If people are cured it matters not by what remedy or in what manner it was applied. If, for instance, we are able to relieve our patients' sufferings by manipulations, no one has a right to call it by an opprobrious epithet, as quackery, charlatanism, empiricism or imposition. It becomes us as Eclectics to investigate thoroughly the action and effects of those agencies that are known by different names, as "Faith Cure," "Mental Cure," "Christian Healing," "Christian Science," "Magnetism," and others that need not be mentioned.

I do not wish to be asked whether I believe in such cases or not. I suspect that I would be obliged, from past experience and observation, to answer, to a certain degree at least, in the affirmative. If there is any physician present that has had fifteen years' experience and carefully watched the action of his remedies, I care not what they may have been, whether pills, powders, drops, con-

* Read before the Connecticut Eclectic Medical Association.

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centrations, tinctures, extracts, tablets, granules, pellets, triturations, dilutions, lotions or plasters, with a firm belief that they alone were the cause of restoring Mr. J. to perfect health, and he has not an equal faith to believe that they hastened the death of Mr. W. or shattered the constitution of Mrs. H.'s child, and ruined the health of Mrs. Y., *let him or her stand up and be counted.* It is our candid opinion that many of our favorite remedies, such as alcohol, morphine and quinine, not only ruin the health of thousands, but actually destroy life, under the pretense of making alive, and should be as rigidly dealt with as calomel and the lancet were by our fathers.

Before any of you condemn the writer or reject the proposition or the force and power of faith, imagination, or the mind to cure diseased conditions, carefully study your case-books, and the favorable and unfavorable results of treatment therein recorded. You can find no cause for doubting the efficacy of the medicines used, and can say before God and man, that it is your honest and candid opinion, that nothing known to man, outside of drug-action, has any effect whatever in removing the ills and pains of your fellow-mortals, and that your presence, and encouraging words in the sick room, and your cheerful countenance, or inspiring confidence in the result of the treatment, or the pleasant and agreeable surroundings had no effect whatever on the final result, or that the contrary conditions and circumstances of the patient, his physician, and friends around him, would have had no bad effect, or changed the result in the least, I will have to say, that, "one greater than Jonah is here."

Before you cover me completely with damaging testimony, to refute the above, or drown the evidence presented, with high-flown rhetoric, allow me to cite four cases from my case-books, and then we will wait for your unbiased decision of the above question.

Case I.—In April, 1874, I was called to see Mrs. K., who had been an invalid for some ten years. She was subject to severe attacks of acute hysteria three or four times a year, and as a result, she was obliged, as she supposed, to remain in bed several weeks each time. Her physician being out of the city, on this occasion I was called to attend her. On my arrival I found Mrs. K. in bed, and suffering extremely from irritability of the nervous system and in a perfect hysterical paroxysm.

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After making a thorough examination and learning the history of the case, I thought I would try to break up that physician's soft job and appropriate the patronage of the family, if skill and success would do it. I frankly told her husband in the presence of the patient, that his wife could be permanently cured in a few days, and if she would take my treatment, strictly, according to directions, I was positive she would never have a return of the disease.

Mrs. K. watched every movement and listened to every word with rapt attention. I called for a glass and some water, and took from my case a vial containing Tr. Gelsemium. Of this I put three drops into the glass with twenty-four teaspoonfuls of water, and ordered one teaspoonful to be given every three hours. Turning to Mrs. K., I said, "I cannot see you before day after to-morrow, in the afternoon." "Oh!" said she, "I shall die if you or some one else do not see me to-morrow; my physician always calls two and three times each day, and I must have a physician see me to-morrow." Here she went off in a fit of crying, laughing and screaming. I waited until she became quiet, and repeated what I had just said, adding, "to-morrow you will be sitting up, and next day you will be around the house."

I called agreeable to promise, and found my patient in the parlor entertaining callers, and to my actual knowledge, she never had a return of her troubles for four years, for I was their family physician up to that time. Six years later I was informed by one of their neighbors that Mrs. K. was and had been in perfect health, without a sign or symptom of a return of the disease.

Case II.—In August, 1875, I was called to see Mrs. S., who had been sick for four days, with what three physicians had pronounced intus-susception or invagination of the intestines, and from the symptoms present and the previous history, I had no doubt as to the correctness of the diagnosis. It was evident that everything that they could think of and suggest, while in consultation over the case from the second day of the disease, had been done, with no relief. Consequently I found the patient in an exhausted state of both mind and body. She was unable to speak above a whisper or to raise her hands to her face. What to do I did not know, for I believed she had been meddled with enough, as far as medicine was concerned. I thought the best thing to do under the circumstances was to depend upon the control or influence of

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the will, to restore the bowels to their normal condition. I had resort again to the tincture gelsemium, remembering its effects (?) in Mrs. K's case, and used three drops in twenty-four teaspoonfuls of water, giving one teaspoonful every hour. She commenced taking the medicine at ten o'clock A. M. Before I left the room, I stepped to the bedside and frankly told Mrs. S. that her bowels would move precisely at 4 P. M. that day and that I would call and see her again at 5 P. M. At the appointed hour I called, and found my patient cheerful and looking much brighter, and upon inquiring about the result of my treatment upon the stool, I was informed that just as the clock struck four she had to be put upon the bed-pan, and had a free motion of the bowels. From that hour she began to improve, and made a very rapid recovery.

Case III.—In March, 1881, Mr. M. came into my office, suffering from a bad injury of his right wrist. At the time I saw it it had began to swell considerably, and pained him so badly he could hardly endure it. I satisfied myself that no bones were broken or out of place, therefore I deemed no bandage necessary, and gave him a two-ounce vial filled with nothing but cold well water, as an external application, with nothing whatever internally. The first application I made myself, rubbing only with the right hand, and using not over one teaspoonful of the water. I told him to use it every three hours, and to be very careful not to use over one teaspoonful at a time. Soon after the first application the pain entirely ceased. He soon retired for the night, and being free from pain, he fell asleep and slept soundly all night. The next morning, to his surprise and gratification, no signs of the swelling were visible, neither was there any pain nor soreness. He went to his work as usual, swinging a heavy iron hammer in his right hand, and had no further trouble.

Case IV.—In May, 1886, I was called one night to see a Miss C., who was afflicted from an attack of pneumonia. I hastened to the bedside of my patient, and found sharp pains in the right lung and dullness over the lower half. Her temperature was 103½°, the pulse 115 to 120 per minute, and the skin hot and dry. As she was very much opposed to the action of aconite upon the throat, and begged of me to give her something else if I could, I desired to try the virtue of water in broken doses, recollecting how well (?) it had served me in Mr. M's case. I put her upon teaspoonful doses of water every fifteen minutes, until perspiration began, then every

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hour until I saw her in the morning. I directed that they should let me know if she did not commence to perspire in two hours, but I did not hear anything from them. When I called about eight o'clock the next morning, I found my patient sleeping quietly and wet with as copious a diaphoresis as I ever witnessed. Upon inquiry I learned from the patient that the remedy had acted admirably, and that she began to perspire before she had taken the second dose.

C. N. GALLUP, M.D.

HIGHER MEDICAL EDUCATION.

THE apparent demand for a higher standard of instruction in our medical colleges has been regarded by me with deep interest. Upon its face it is represented as a purpose to give us better qualified practitioners, and so to bring medicine as an art of healing to greater perfection and exactness. That is an object to which no one can reasonably demur. All that experience or invention has added or can add to our stock of knowledge, it is the duty of the medical student and of the physician alike to become the possessor.

Medical instruction has been shockingly defective. I do not know, however, that it has been more so than the instruction in other pursuits. There has been a tendency for years to dispense with thorough preliminary education in most of the callings. Good workmen are proverbially hard to get. The houses built for the poorer and middle classes of our population abound with botched carpentry. Our books are often wretchedly printed and so shiftlessly put together as to drop out of the binding. We have little good ink. Our clothes are not always skillfully made. The furniture of our houses does not last. Everybody seems to do work slightingly, and then to require more pay for it.

The professions share in the general demoralization. It is getting out of fashion for the clergy to be very thorough in their work, and even in their doctrine. There is more pertinacity in relation to Sunday and going statedly to church than in business morality or fraternal relations. A new standard of religion is about as necessary as that in medicine or mechanic work. We certainly know little of "old paths."

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Law is but a perversion of justice, and apparently is so intended. The chief purpose of statutes seems to be to make more work for pettifoggers. Hence the general consent of the people to part with their own sovereignty in a degree by having legislative sessions only biennial, and letting governors, judges and sheriffs do the chief governing. Hence, too, the repugnance to pay taxes; every one feels that he does not receive the full worth of his money. Nor does he. We never think of a lawyer as upright, except as an exception. The Chinese have none, and their system, stationary as it may be, has the sanction of ages of golden experience.

It is said that the great fire in London, in 1666, put an end to the ravages of the Great Plague. A conflagration of statute-books in America would work a corresponding benefit and give justice some chance. The lawyers often seem, if not like necessity, to know no law—at least, not to know it with sufficient accuracy to make it very safe for a layman to trust their work. Greater confusion never existed at Babel, where there were no precedents to sanction persistence in blundering.

If medicine is correspondingly inexact, low-graded and illiterate, it has its counterparts in the other *unlearned* professions. The pot need inflict no criticisms upon the kettle by its side. Yet no imperfections in other professions will justify, or even extenuate to any considerable extent, a low standard of medical attainment. Enough to repel criticism from without when captiously made; but, all the same, we should acknowledge the facts and govern our actions accordingly. There is need of a higher standard in our medical colleges, and that it shall be not merely advertised, but enforced.

There are several schools of medical practice in this country, differing principally in their therapeutics. It is often flippantly said that there should be but one. The attempts at medical legislation now making, and the attempts of a century ago, of which these are the repetition, have for their ulterior end the smothering of the rival schools and the consolidating of medicine into one uniform practice. Much of the prattle about ignorance in the profession, and especially among the dissenting schools, has but the end of evolving a public sentiment in favor of "stamping out" these schools by force of law.

Nevertheless, these schools exist; and, what is more, they have come to stay. The charge that they are careless or indifferent,

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more than the colleges of their big rival, in the matter of proficiency, is not intelligently or truthfully made. It is not many years since a young man matriculated at a metropolitan college, paid fees and the bonuses for private tuition from professors, spent his time in "doing the town," and at the end of three years received his degree of M. D., boasting that he did not know the simplest terms of the profession. Others have also graduated without a showing that was creditable. It makes little account how high a standard may be advertised in Annual Announcements, if the enforcement is neglected at the end of the course. While I was a lecturer, ten years ago,* the examinations required of our class were so comprehensive that it may well be doubted whether the rival colleges, if their students had been subjected to the same questioning, would have been able to furnish an equivalent number as proficient as our graduates. Yet the railing and calumny have been persisted in with brazen effrontery.

The standard that requires to be elevated relates chiefly to the quality of instruction and its utility in regard to practice. It is a fact in medicine, as in other matters, that a man very often is required first to unlearn what has been taught to him, before he can undertake to go to work with reasonable hope of success. The lessons of the class-room are too often a poor preparation for the business of life. Horace Greeley once said that "of all horned cattle the most helpless was a college graduate." This has been too often true of the medical graduate, as well as of others, and he has learned his therapeutics, if he did learn them at all, at the bedside of his patients. Such practice is truly *empirical* medicine. It is, however, more generally of the kind called "Regular" than Eclectic or Homœopathic. The man who graduates at a medical college has the right to demand of his instructors that he shall have been fitted, so far as in him the faculty exists, to engage at once in practice. Or, if this cannot be done, he should "do journey-work" under the supervision of a competent physician.

All our medical colleges are exclusive. A graduate from a "high-toned," Old-School college, and often a professor in one, knows little of Homœopathy, nothing of Eclectic therapeutics and methods, and in other resources is utterly bare-handed. When such a man turns Eclectic, he has to learn what the practice is; and so

*This was in the United States Medical College.—ED.

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far from being more skillful from his former schooling, he is encumbered by it. The thorough proficiency of a student in an Eclectic or a Homœopathic college counts for absolutely nothing, or worse than nothing, in an exclusive college, devoted to a dogma as a bigoted pagan to the worship of his fetish-stick. Homœopathic colleges are broader than this, though generally gorged to overflowing with a partisan spirit. The Eclectic colleges have always been closer to the people, and were therefore less exclusive and more liberal. Some idea of what their rivals taught could be had with them; still, there has been too much narrowness, as well as a disposition to ape the Old School.

To make medical teaching more perfect, it should be more direct in its application. What the student ought to know should be taught. I am partial to requiring more terms of attendance. I have more than suspected that a dominant reason for enforcing more years of study has been to copy Old-World notions, and to make medical tuition so costly that only the sons of the wealthy could afford it. This would directly aid the proposition to have physicians a sacred caste—a species of Brahmans—whom all must venerate, and whose decrees should be regarded as infallible; whose bills, however extortionate, must be paid as a religious obligation, and whose persons should be inviolate. There is much in all this.

More time, however, should be spent in study. One reason is, that with the progress of knowledge there is more to be learned.

Botany, which few physicians know much about—and yet every one ought to know thoroughly—should be taught, as it never has been in medical colleges in America. Chemistry is now a science of magnificent proportions. Human physiology has almost come into adolescence during the lifetime of the present generation. Materia medica is a field of infinite dimensions. The Old School has made its official list of medicines almost entirely from the discoveries of quacks and old women, and now "cribs" when it must; and these it promulgates, denouncing everything else. The Eclectics have, on the other hand, wrought at new agents, in their zeal to discover the *vis medicatrix naturæ*, or its nearest approximation. I also admire the work performed by the Homœopathic fraternity. If they could be more candid and generous, we would have but little to ask. Their work has given breadth and definiteness to

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therapeutic knowledge, which must be gratefully acknowledged. A proper college-work includes all these.

It is not necessary to discriminate further. Enough has been noticed to show what might be done, and that much time is necessary to learn these things well. The common method of crowding a mass of studies into a brief term of weeks is often useless for practical benefit. We may enable students to pass examinations well and to obtain the diploma. It is too true that a diploma, rather than knowledge, is what the average student covets. He will compass sea and land to get it; and, having procured it, desires laws and every sort of chicanery to make it valuable. It is an artificial and not an intrinsic value. Usually the forced acquirements gained on these occasions are soon parted with. Natural powers were overtaxed in their acquisition, and forgetting is a normal endeavor to regain equilibrium. We all know that the most proficient students are seldom very successful. They filled their memories as a glutton crams his stomach, and there could be no proper digestion—no assimilating. What we eat and digest becomes an integral element of the body; what we learn and reflect upon enters analogously into our mental constitution and is part of us. Much committing to memory in brief periods is, therefore, detrimental morally, physically and in every respect. College terms long enough to induce habits of study, and numbering enough to obviate any excuse for the cramming process, are best for those who aim at proficiency and erudition.*

In my career as teacher, I have often heard the remark of students, that they did not see the use of learning this or that. If medicine is a craft like coal-heaving, and pursued only for money, it may be of little use to understand it intricately. But a man holding such sentiments is not a *physician.*

It is not pretended that study alone—proficiency, even—can make a skillful practitioner. I have little faith in book-made or college-made physicians. I would be the last man to silence a Sweet, a Thomson, a Stahl, a Dal Cin. If there is a man going about doing good, though having no authority as the Scribes, I accept his commission. The physician, like the poet, must be born; books and teachers cannot make him. Nevertheless this is

* Yet Harvard University proposes to curtail its course from four to three years. This is an innovation full of suggestion as to the real wisdom of many terms.—ED.

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no authorizing of vulgar pretension, nor a sanction of gross ignorance. In Judæan times there were sons of the prophets in their schools with an *Ab* or Master, when at the same time the Lord, we are told, called a gatherer of sycamore fruit to speak for Him. It may be so now. The one may not be without the other.

A man is not unmanned because he wears a pea-jacket or blue jeans; yet we instinctively pay heed to him sooner in more becoming apparel. The late Rev. Lemuel Haynes did not have a collegiate education, probably because no college would let him matriculate. He started as best he could, and became a clergyman of note. A young minister once said to him that all of this college and divinity education was of little use; untaught preachers did better. Haynes asked him: "How much ignorance must a man have in order to be a successful preacher?"

We may apply the same principle in this case. There is nothing in anthropologic science that a physician can afford not to know. Much that we learn may seem of no specific advantage; but a man seldom lives to advanced years who does not find use for all that he knows. If it did no other office, it serves to make him a more perfect, completer, and therefore better man. I know of no argument superior to that.

In regard to classical study, it is not well to exact it. The literary colleges are considering the policy of elective courses—leaving the student to choose whether he will learn the languages. My preference is for the classical study. An accomplished classical student masters a profession with far less labor than the one who knows only his own language, and generally, if not consequently, but little of that. He does not have to consult the dictionaries so much. It may hurt a sensitive man's feelings to behold the Greek language murdered, as it is, in constructing technical terms for medical and chemical text-books; yet he escapes a world of fatigue in not having to guess so much and crowd his memory with what to him would then be unmeaning words.

Besides, the accomplishment is precious to the school to which the classic scholar belongs. The domination of the Old School in this country, we all know, is owing to no superiority of professional skill, or to success in the practice of their profession. The Eclectics and the Homœopathists obtained their foothold because of the extraordinary mortality in Old School practice and the incompetency of their physicians. But many of the Old School doctors

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are college-bred and move in society. Right there they have their strongest point. To be sure there are thousands of ignoramuses among them, but these are, like the poor in cities, kept in back slums. The educated men are in the foreground, and represent all the rest. One man like Oliver Wendell Holmes covers out of sight the ignorance of a hundred others. So, too, Homœopathy gained prestige in the United States because so many of those who introduced it were cultured men. It speedily won fame from those who were in the higher circles, and so was always "respectable."

We, of the humbler Eclectics, have suffered more from this cause than all others. Our associates are made up of a large proportion of brainy men; our physicians have tact, judgment and skill nowhere excelled; and our medical journals teach and tell more to the practitioner than those of the other schools. We are in close affiliation with the people—the "mud-sills." But we have a smaller proportion of men that can mouth Latin, murder Greek and talk German. In society, where show goes a great way, and display passes for merit, this fact goes hard against us. If we had such men engaged in practice in our fashionable streets, and in force at our meetings, we would quickly find the advantage. There is, therefore, in a classical education both intrinsic and factitious benefit.

I would have our instruction, therefore, broad as well as high; deep as well as extensive. We want no declaiming that an ignorant man can cure people as well as scholarly ones. We do not deny it. But to scout liberal learning is like the fox maligning the grapes that were beyond his reach. Let our instruction, however, be really *e-ducation*—not a mere inoculation with abnormal material from others, but a bringing out into activity the latent energies in the man. It is not the professor's business to force knowledge into the mind of the student, but to show him how to get it for himself. We are dealing with human beings, and not with senseless receptacles.

A higher standard is proper because we must have the best. A medical diploma, except it means in truth what it says, is a fraud. The ancient wig and cane under the nose meant as much as such a degree, and were just as valuable. We require erudition; and, to have it, must have longer terms of tuition and more abundant literature. When we shall have met that requirement, the confidence of the public will carry us through, and we shall have no more

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calls for outside help for such a purpose. The Eclectic practice never needed only a fair field and justice. But the broadening of the course of study is required by the times, and it is a reasonable demand. We must meet it directly and promptly, to deserve well of the public, to maintain our own self-respect, and to hold our place as the physicians of the people.—ALEX. WILDER, M.D., in *American Medical Journal.*

DIABETES.

THERE is in our system of nosology a serious defect, in that it, to a great extent, presents a most imperfect classification of diseases, often grouping under one name two or more very dissimilar conditions. The condition of defective nutrition known as diabetes is an example of this. By diabetes we mean a condition of body in which an excess of urine is passed. By common consent it is recognized and described under two forms, viz.: diabetes *insipidus* and diabetes *mellitus*. These two forms of diabetes are dissimilar in so many respects that they should never have been classed under one common name.

Diabetes insipidus presents a series of symptoms that frequently come on slowly. There is at the first an increased frequency of the desire to urinate, and the urine is voided in increased quantity. As the disease progresses a feeling of weight and pain and dragging in the region of the kidneys manifest themselves, accompanied by much thirst. Various subjective symptoms due to the increase of the depurative process are also presented. These symptoms may, in certain cases, come on in two or three weeks. They are preceded by a variable appetite, constipation and derangement of cutaneous functions. The disease may develop as the result of spermatorrhœa and other debilitating diseases. Irritation or congestion of the kidneys is a frequent cause of the disease. If long continued it may result in diabetes mellitus, or some cachectic affection. It is readily diagnosed from diabetes mellitus by chemical urinary analysis. In both diseases the urine is of high specific gravity; but only in the diabetes mellitus is sugar present in noticeable amount.

Diabetes mellitus usually comes on slowly, months often passing before the symptoms become so intense as to lead the patient to

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seek the aid of a physician. Without an ache or pain the disease begins. The patient notices an increase of urine, a loss of flesh and strength, coldness of the extremities and loss of all sexual power. As a result of the depuration of water from the blood, an increase of thirst, more and more marked as the disease progresses is manifest. The tongue is dry and cracked, often covered with a dirty brown coating caused by the adherence of the inspissated secretions of the buccal glands. There is a sweet taste in the mouth and a sweet chloroform-like odor to the breath. The gums become spongy, and the teeth decay; mental depression is marked, and often associated with great irritability; often the terminal cutaneous nerve-branches are so irritable as to give rise to a severe itching and tingling of the skin. The nerves terminating in the region of the urethral orifice are rendered very sensitive and highly irritable by the constant passage of saccharine urine. The disease progresses slowly and insidiously, and frequently terminates in pulmonary consumption.

The diagnosis of these diseases should be made only by chemical analysis. The urine is light straw-color, and of a specific gravity varying from 1010 to 1050. In diabetes insipidus the specific gravity does not generally run as high as in diabetes mellitus. The various tests for sugar in the urine are too well known to require any mention here, but one or more of them should always be made before risking a diagnosis on a suspected case of diabetes.

It is necessary to the correct understanding of diabetes mellitus that we take a momentary glance at the physiological and pathological laws governing the formation and oxidation of sugar in the human body. The greater amount of glucose in the body in health is introduced with the food. The quantity of sugar normally in the blood is not more than 1.23 part per thousand. In diabetes it rises as high as 5 parts per thousand. Under normal conditions, and with food not too rich in starch or sugar, the quantity of sugar eliminated is so small as not to be noticed. It is burnt up in the body. When this burning, this oxidation, of sugar is stopped, it must pass off by way of the kidneys, and the resultant condition is known as diabetes.

Where this oxidation occurs is not fully settled as yet. If we accept the theory that glucose is oxidized entirely in the lungs, we have in it a sufficient explanation of the consumption often present

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as a sequel of diabetes. If I may be allowed to state my own belief, I must say that I do not regard the lungs as the sole oxidizing agents. I believe that this oxidation goes on throughout the whole body. I believe sugar to be oxidized wherever the blood as an oxidizing agent exists.

Sugar is detectable in the urine of females during the latter stages of gestation, in the urine of nursing babes, and of old persons, as well as in the urine of those whose food is largely saccharine or starchy. To this latter cause is due the apparent frequency of diabetes mellitus in regions where sugar is produced.

Pathologically, sugar is present in the urine of abnormally stout persons, especially in women at the menopause; also in consumptives and patients afflicted with other lung-diseases. Again, it is present in cases where there is hepatic congestion, compression of the portal vein, cirrhosis, atrophy, fatty degeneration, etc, ; in certain fevers and under the influence of certain poisons.

The prognosis of diabetes insipidus is very favorable; but that of diabetes mellitus should be very guarded. The symptoms should be carefully weighed in order that the exact pathological lesion may be detected and its import noted.

The treatment of diabetes insipidus is generally very simple and specific. In many cases the use of small doses of belladonna, associated with Aletris, if there is sexual debility, will prove all that is needed. If the attacks are at all frequent, an irritation of the kidneys may result, which is best met by the use of Hydrangea or Collinsonia.

The treatment of diabetes mellitus is a much more difficult matter. We have a hidden cause to search for. There may be a congestion best reached by belladonna; or there may be a condition of irritation, with itching of skin, papillæ at tip of the tongue elongated, and sharp stroke of pulse, calling for Rhus toxicodendron. There is in many cases a perverted action of the digestive organs, which is best combatted by the use of dilute lactic acid.

I have used the following formulæ with much success in these cases:

℞ Tinct. Aletris farinosæ (specific).... ʒ ij.
Aquæ..... ..... ʒ iv.
M.

Sig. One teaspoonful every 4 hours.

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℞ Acid. Lactic, Dil..... ʒ j.
Aquæ..... ʒ iv.
M.

Sig. One teaspoonful every 4 hours.

These are used in alternation two hours apart; and with the result of steadily reducing the amount of sugar present and the quantity of urine passed. I regard the lactic acid as possessed of most valuable properties in those forms of the disease not due to any structural lesion. It has a marked influence upon the digestive processes, and seems to possess the power of preventing the excessive formation of sugar in the system.

I do not speak of the many other remedies useful or recommended in these diseases, but refer only to those that have proven successful in my hands. The diet must be limited to non-saccharine foods during treatment and for a long time after apparent cure.

In conclusion I would say that in this disease as in all others we must remove the cause. If that cause be hepatic congestion, means must be employed for its relief. When the cause is compression of the portal vein, the compression must, if possible, be relieved. The cause once removed, if the disease does not at once disappear, the preceding treatment should be employed.

WILLIAM H. WHITNEY, M.D.

Westfield, Mass.

ECLECTIC STATUS AND VITAL STATISTICS.*

IT is not necessary for me to reiterate the report of last year, as there has been but little change in the status of Eclecticism in the State since then. We have added a few members to our society, and the number of Eclectic physicians has increased more in the State than in our society, and I believe that less than one-half of those in the State are members of our society. Yet, we are doing well, and our standing in the State is good.

Our success in the treatment of disease is acknowledged, and as practitioners we are gaining the confidence of the people more and more, and if they could know the facts concerning our treatment

* A Report made to the Connecticut Eclectic Medical Association.

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and its results, their confidence in our school would be still greater. By way of comparison, and in order to show the difference between our treatment and that of others, I will refer to the vital statistics as given in the report of the State Board of Health. The mortality per 1000 of population is as follows: In the year 1880, 16.7; 1881, 17.4; 1882, 18.7; 1883, 19.1; 1884, 16.6; 1885, 17.6; 1886, 16.2. For the purposes of making the comparison I wish, I will simply refer to the mortality of the last named year, 1886, which was 16.2 per 1000, or a fraction over 1.6 per 100. The Secretary of the State Board of Health reports that there were no epidemics in 1886, but that it was a healthy year. Now we will suppose that not more than one in five of the population in said year were sick so as to employ a physician (and we believe this is not an exaggeration), the mortality per 100 treated would be in round numbers 8. As I have not the reports from the several members of our Association, I must be content to use my own statistics to compare with this, believing that theirs would compare favorably with mine. The mortality among those treated by me in 1886 was less than nine-tenths of one per cent. I keep and have for several years kept a record of all my cases, as well as of the deaths, and for the whole twenty-four years of my practice in Waterbury, the mortality per hundred treated by me would not exceed that of 1886.

In the same year the mortality in Waterbury per 1000 population was 18.6, which makes nearly 1.9 per 100, and according to the estimate of not more than one in five sick so as to employ a physician this would amount to a mortality of nine in each 100 treated, fractions omitted.

Now if the above statement fairly represents our practice as compared with the other physicians in the State, we have abundant reason not only to be encouraged but to be proud of our success. And having waged the battle so far with such good success we shall continue in the determination not to turn back.

S. B. MUNN, M.D.

Waterbury, Conn.

SPIRIT OF THE MEDICAL PRESS.

THE *Eclectic Medical Journal* for July has an article from Professor J. M. Scudder himself, on Medical Teaching and the Young

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Doctor. "It seems to me," says he, "that the first object of medical teaching should be to fit the student to take his place in the ranks of practicing physicians, and do his part well from the very beginning. It does not seem right that he should learn slowly by punishing the sick, or that there should be a sacrifice of life in order that he may learn how to make a living. I think all will agree to these propositions; but we will not all agree as to the best method of accomplishing the purpose.

"Between ourselves and the Old School the line is distinctly drawn. They believe that there can be no skilled practice without accurate diagnosis. Here we agree. But their diagnosis is for name, at which they prescribe. Our diagnosis is for name to satisfy friends, but it is especially for the selection of remedies for the relief and cure of disease. Names are important if we have to make a report to a Health office, or to answer inquiring friends, but of little or no importance in selecting remedies.

"They concede the uncertainty of medicines. We claim a reasonable certainty in their selection and their action. We not only claim certainty in prescribing, but we make the additional claim of being able to teach students how to select remedies so that they may have certainty.

"When I studied medicine, thirty-five years ago, it was only a matter of guess-work. Certain agents were advised in a given disease, because they were highly recommended, or 'they had proved successful,' or 'they were believed to exert a salutary influence, etc.;' but no guide was given to the student by which he might take one from ten or a dozen different agents which might be used with advantage. It was no wonder the young doctor found himself at sea without compass or chart when he commenced to prescribe. Slowly he learned his trade upon the sick, being 'lucky' or 'unlucky.' Some never learned it, and played at 'blind man's buff' all their days.

"We have endeavored to improve all parts of practical medicine—the diagnosis for name, diagnosis for pathological conditions, and diagnosis for the selection of the remedy. The object in view was certainty in medicines, as opposed to the recognized and admitted uncertainty.

"There can be no certainty in teaching, unless there is certainty in the words employed to convey a meaning. The language of science must be absolute and unwavering; it will not do to use

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words which have a score of meanings, like those we worked out in studying Latin and Greek. When we speak of hyperæmia congestion, determination of blood, scarlatina, scarlet fever, typhoid fever, etc., the words must convey clearly the idea from teacher to the student. I think that here is one of the great failures in medicines; words are not used with precision. They are allowed great latitude, and hence they aid the great uncertainty. I form my judgment of this from much reading of books, journal-reading, and conversation with physicians. Any one may readily satisfy himself that there has been a fault in medicine; but as he thinks the matter out further, he will see that this fault has been increased by an effort to make the study more complex, by the use of many words and prolix descriptions. * * * With the ordinary prolix description, and multiplicity of words, the learner is lost, and mistakes in diagnosis are frequent.

"It is very much the same in the diagnosis for pathological conditions and for remedies, and we may take the same group of diseases in illustration. There is in all these an implication of the skin. The fever consists in an increased frequency of pulse, an increased temperature, with wrong of innervation and partial arrest of secretion. In the first and second cases the principal wrong is vascular. In the second, third and fourth the blood is influenced by specific poison in addition to the febrile disturbance.

"Thus studied, medicine is more satisfactorily if not more readily learned, and the learner has the consciousness that there is a rational basis for his study. Thus learned, he is able to put it in practice when he has seen his first case. We do not wonder when we see our students doing a successful practice from the commencement, because he has learned how medicines are selected, he knows that success depends upon careful diagnosis in this especially."

The *Georgia Eclectic Medical Journal* devotes its July number whole-heartedly to the National Association. "The Twentieth Annual Meeting at Niagara Falls was a most successful one in the number of members present and the amount of work done. To the older members of the Association it was a love-feast. It made glad their hearts to know that the National's future promises so much for the cause they have so long and faithfully battled for.

"To the retiring President (Dr. W. T. Gemmill) and the ever-faithful and thoroughly competent Secretary, much of the honor is

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due of making the meeting at Niagara so great a success. Long may they live to defend and advance the cause of Eclecticism.

"Many of our most distinguished men and women were in attendance, among whom were Professors Howe, Scudder, Younkin, Boskowitz, Jay; Doctors Munn, C. E. Miles, Merkel, Russell, A. B. Whitney, B. L. Yeagley, Tuttle, Martin, J. W. R. Williams, Stratford, Curryer, Ellingwood, Piper, Borland, A. B. Woodward; Prof. R. A. Gunn, Mrs. Dr. Stratford, Mrs. Dr. H. K. Morris, Mrs. Dr. Williams, Mrs. Dr. H. T. Gunn, and a host of others too numerous to mention.

"There was less wrangling and more solid work done than at any previous meeting. That all future meetings may be as profitable as the one held at Niagara is the sincere wish of all who love the Association. (D)."

The *American Medical Journal* has a leading paper upon the "Science, Art and Progress of Surgery," by Dr. John W. Pruitt of Arkansas. "The sum of our knowledge concerning operative measures, the field of action at our disposal, our facilities derived fram anæsthetics and antiseptics enable us to assert that the surgery of to-day is more successful and conservative than formerly; *that more deformities are corrected*, that it brings about recoveries in many cases that our ancestors deemed impossible, and prolongs the years of life.

"But are the surgeons of to-day, as *operators*, superior to those of a past age? Are they even their equal? Those who have written on this subject are divided in opinion, and have viewed it in various lights. Some have been swayed by the glamour of great names when they themselves were young, and by that tendency existing in us all—a reverential one—to draw the veil upon a great personality with the words: 'His like will never be seen again.'

"The olden times are a sweet recollection to many of the older ones whose dimness is made brilliant by their memory, which they often extol beyond their merits. On the other hand, the younger men think of the traditions that have come down to us of excessive mortality from pyæmia and septicæmia in the olden days; of the timidity with which joints were approached; of the dread of approaching the peritoneal regions; of the clumsy procedures and instruments as compared with those of modern times; and conclude, therefore, that we are better surgeons than our forefathers.

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"It is contended by some, that the older surgeons had greater difficulties than we to encounter; that the means at their command for accomplishing certain results were far more limited than ours; that their operations were far more rapid and hurried on account of the exquisite pain endured by the patients; and consequently required greater operative skill; and they were, therefore, greater clinicians than we. It has been said that the slowness with which operations are now conducted tends to produce slow operators, and that this means an increase of shock. On the other hand, the boldness with which old forbidden ground is now attacked, the thoroughness with which operations are now done, the minute accuracy that exists in the practice of to-day, and which was not possible in the old days of hurry, the greater amount of absolute knowledge at our command, lead others to assert their belief in the supremacy of the surgeons of to-day.

"Such are, in brief, the claims set up by partisans of both opinions, and we think they can be reconciled. Each class of men was great in the times in which they lived; but as he who stands on the mountain-top sees more of the plain spread out before him than one who stands at the base, so he that possesses the accumulated wisdom of the past, as well as of to-day, must of necessity know more than he who lived in a by-gone age.

"Previous to the present decade, surgery could hardly have been said to have kept pace with other departments of knowledge; but during the past ten years a steady advance has been made, to which Tait, Wells, Lister, Billroth, Goodell, with many others, have been contributors.

"The past year has been marked by that steady progress in the science and art of surgery which distinguished its predecessors. Especially is this true when we consider the onward march of Abdominal Surgery, in which an improved technique and an earlier resort to operation now enable us to interfere successfully in cases that were formerly considered to be hopeless.

"The presence of peritonitis is no longer considered a contra-indication to operation; while the opium treatment as formerly, is no longer adhered to.

"There are two opinions held in regard to antiseptics; one party contending for the use of agents that destroy bacteria and neutralize septic fluids as alone sufficient; while the other as forcibly argues that *cleanliness* alone is sufficient for all antiseptic

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purposes. We think both parties are partly right, and that a union of their methods is all that is necessary to success.

"Many abdominal lesions that were formerly treated therapeutically are now passing into the domain of surgery; among which may be mentioned perityphlitis and perityphlitic abscess, which is now believed to be peritoneal, and that a timely resort to laparotomy holds out the best prospect for a favorable result.

"The subject of Cerebral Localization is a great aid to surgical diagnosis. By its aid the exact position of cerebral tumors, abscesses and blood-clots have been located and successfully operated upon. Traumatic epilepsy has been cured by trephining; and compression of the spinal cord from depressed fragments has been relieved. A noteworthy advance has been made in the surgery of the nerves. Neuralgias have been cured either by stretching or division, while the divided nerves have been successfully sutured, restoring their functions.

"The advance made in surgery of the bladder is one of greatest importance. Perineal section has, to a great extent, given way to supra-putoic operation; and the ease and safety with which it may be performed, owing to antiseptic measures, are causing it to be resorted to in an increasing number of cases of urinary obstruction.

"In prostatectomy, as a cure for enlarged prostate, we have a measure that is thorough and radical.

"The value of iodoform has not altogether borne the tests of experience as an antiseptic, but its efficacy in tuberculosis has been recognized, good results following its injection into tuberculous joints. The toxic effect produced by the absorption of corrosive sublimate as an antiseptic agent, in large cavities, has led to the abandonment of this drug in such cases, and the substitution of water sterilized by boiling. In conclusion, it would seem after this brief retrospect of what has been accomplished during the year just past, we are justified in claiming that the Science and Art of Surgery have kept pace with other departments of human knowledge."

The *Medical Free Press* has a paper on the "Trend of Eclectic Medicine," by Prof. W. F. Curryer. "The early history of American medicine was surrounded by ignorance and illiteracy.* The

* That was the period when Medical Statutes were first enacted, making dissent and "irregularity" a penal offense—precisely as medical legislation is had and sought to-day. The pretexts were the same, and so were the motives. The new

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pioneer doctors came from the fields instead of the colleges. Knowledge and education were not distributed and sown broadcast with a liberal hand as at the present time. A common school education was all the medical man could hope to have. The log school-house was his *alma mater;* and some we dare say, could not even show evidences of having passed this form of college curriculum. * * *

The prevailing custom of bleeding, blistering and salivating for every ill of life, as was the practice of the profession at that time became intolerable to many of the sturdy sons of the soil. They too became tired and dissatisfied with the severity and uncertainty of the doctors and medicine of that day. As in other matters, men are inclined to go from one extreme to the other, so from this severe and devitalizing practice they sought relief from ignorant laymen in preference to the doctors. Old women and tried recipes were at a premium over the lancet and mercury.

"From this loss of confidence in the medical profession at that time, came a demand for a better and more humane system. Thus Eclecticism was born—born of necessity and cradled by a people who had learned from hard experience the unpleasant and uncertain methods of the old system. They were anxious to embrace anything that could promise a better and more humane treatment of the sick.

"Those who espoused the cause and endeavored to practice this simple and undeveloped system were often subjected to the most gross indignities and injustice. *To step aside from the well-beaten paths of treating the sick was an innovation not to be tolerated by the medical profession.* * * * As soon as the followers of the new practice began to attract attention by their successes, the whole organized profession denounced the reformers in the most vile and vindictive manner; even resorting to legislation to crush their antagonists, and by 'ways that' were mean, they imprisoned some of those honest and humane advocates of liberal and reform medicine. * * * Within a period of fifty years we have wrought a marvellous transformation in the practice of medicine. In the beginning our avowed purpose was to effect a revolution in Therapeutics. How well we have succeeded can best be answered by the medical literature of to-day when placed in comparison with

Eclecticism will have battles to fight similar to those of their fathers. All medical legislation now as then, is "class-legislation," or it would not be sought for.

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that of fifty years ago. We think we speak the truth when we say that our Allopathic brethren give much less medicine, and a greater proportion from the vegetable kingdom, since the organization of the Eclectic School, and we also believe that our Homœopathic friends of the more progressive sort have increased their dose to one bordering on tangibility.

"Our mission seemed to have been to rationalize medicine. We denounced blood-letting, ridiculed the indiscriminate use of mercury, endeavored to expose the abuse of cathartics, and vigorously opposed depletion. For this, the supporters of the old system hurled their venomous shafts upon us, bore false witness against us, and descended into the basest kind of warfare."

The *Chicago Medical Times* addresses to "Our Young Men," its leading editorial article. It urges them "to thoroughly qualify themselves; fitness for the work to be done must first be attained. We cannot compete with the profession at large without thorough qualification.

"To develop the finer qualities of the mind every young man should learn to investigate, to observe, to study truly, and then to write carefully the results of their investigation. We have no use whatever for careless, indifferent writers. The *Times* has published some papers recently by our younger men that would do credit to the older writers of any school of medicine. Careful, thoughtful writers we need.

"We would advise at the same time against undue ambition. Many aspire to office as the first thing. Let this aspiration be secondary. If a man becomes thoroughly competent he sooner becomes necessary to the office, and the office seeks him. A competent man soon has offices thrust upon him; but the man who seeks office for the sake of the office soon brings contempt upon himself, and is seldom elected to any office.

"Another thing I would advise is: Not to try to usurp the position of the older men. Grant them respectful deference in every case. They have worked long and hard; they deserve our respect. We owe them much for the foundations they have laid on which we may build. Their judgment is cooler than ours, and more apt to be correct. Let us accept it, and act upon it, and the structure of Eclecticism will become strengthened. Our cause will be furthered, our interests will prosper, and the welfare of the profession will be advanced.

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"Let every young man take this letter to himself, and prepare himself for the contingencies which the future of Ecleticism will bring him in contact with."

The *Eclectic Medical Journal* for August notices "the Days of Conventions" with a good word for each. "There have been pleasant meetings in many States, and the 17th to the 19th of June the National at Niagara. The last was especially a pleasant meeting on account of the place, which gave objects of intense interest to be seen, a very pleasant atmosphere, and good accommodations. Then it was just on the border between the East and the West, and many came together that had not seen each other for years.

"In the matters of Medicine and Surgery there was very good wórk done, and the next issue of *Transactions* will have an especial value. It is noteworthy how much interest is taken in Surgery, and what a strong body of surgeons we turn out. The younger men talk of laparotomy by the score, extraction of cataract by the fifties and hundreds, and other things in proportion. It is not a discussion of salves and plasters, cancer-recipes and such; as it might have been in the olden time.

"In another respect there has been a decided advanee. *These associations are not the places to wash 'dirty linen.'* The members will not have it; and the sooner this fact is realized the better. Keep family jars at home, and settle them with prayer and fasting, or anything that will grow a forgiving spirit.

"In the matter of medical colleges the National as well as the State meetings have declared for better methods, longer time, and more thorough work; whilst they have enacted a decided protest against 'diploma factories.'

"Taking things together, the prospect for the future seems bright. The younger men are taking hold of the organizations, and they bring young methods and young blood into the service. Old men are good in their place, but the young spirit in harmony with the age is better."

—THE Eclectic Medical College of Georgia has received an appropriation of $5000 from the Treasury of the State, and in return will give a beneficiary to one student from each Congressional District. The Henry W. Grady Hospital is also open to the students.

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RECENT PROGRESS IN MEDICINE.*

Transient Vertigo.—Many persons complain of a feeling of lightness, buoyancy or giddiness, that may last but a few minutes. This vertigo, while present, is exceedingly unpleasant and when attacking women is often alarming. Its suddenness and irregularity of appearance does not suggest any real disease of the brain. It is not caused by dyspepsia and certainly it is independent of any hysterical, anæmic, congestive or eclampsic origin. The arterial system does not show any real degenerative change. This form of giddiness is peculiar in that all the various remedies, alkalies, acids, bromides, hypnotics and stomachics, fail to relieve ; but a cure is always to be had in change of scene, Turkish baths and daily applications of galvanism. I have always thought the cerebellum to be at fault. R. S. N.

Treatment of Deafness in Old Age.—Sapolini, of Milan (International Congress of Otology, Brussels, September 10–14, 1888), describes a method of his, which he states he has successfully employed in sixty-two cases of deafness of old age. It consists in mopping the membrana tympani with a weak oleaginous solution of phosphorus. He claims that this treatment diminishes the opacity of the membrane, increases the circulation, and improves the hearing.—*Amer. Jour. of Med. Sciences.*

A Most Excellent Troche.—The following makes an excellent troche for general use in pharyngeal irritations and inflammations :

Cubebs powd.....gr. one-half.
Benzoic acid.....gr. one-third.
Cocaine Mur.....gr. one-seventieth.
Eucalyptol.....Minim one-fourth.
Oil Anise.....Minim one-twentieth.
Liquorice powd.....grs. five.
Sugar.....grs. thirteen.
Black Currant paste..q. s. to make 20 grains.

The Fallacy of So-called Hot Air Treatment of Phthisis.—Recent laboratory experiments have been conducted in the Loomis laboratory to determine whether or not the inhalation of

*A Monthly Review, Edited by ROBERT SAFFORD NEWTON, M. D.

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hot air could destroy or arrest the development of the tubercle bacilli in the lungs. The results arrrived at are: 1st. That the continued inhalation of air, from 200° to 300° F. at the nose, did not raise the temperature of the lungs at all in some cases, even when inhaled for an hour or more. 2d. The temperature of the trachea, under corresponding conditions, rose only 4° to 6° F. 3d. Cold air did not affect the temperature of the trachea or lungs any more than did hot air. Similar results and conclusions as to the utter inutility of this treatment have been arrived at in Paris. It is not free from danger, for the other day the bulb of the thermometer broke in the hot water, and the inhalation of the fumes of the mercury produced death. This accident is of frequent occurrence. R. S. N.

A Peculiar Case of Indigestion.—Dr. J. N. Upshur reported the history of a peculiar case occurring in a lady of fifty-four years very much "run down" from mental and physical overwork. The peculiar feature was a severe pain, spasmodic in character, occurring periodically about every ten days. Its seat was about the pylorus and downward and to the right along the edge of the ribs. When the speaker first saw her she had three of these attacks, at intervals of about twelve hours. The first he had relieved in a few hours with morphine and atropine hypodermically, the two last with one-fiftieth grain doses of nitroglycerin, administering it twice for the second, and only once for the third attack. No eructation of gas and water followed the last of the three, as had been the case always before. The general treatment given was a light nutritious diet, attention to the bowels, and a tonic of phosphate of iron, quinine and strychnine. She had no recurrence of the pain. Nitroglycerin had been suggested to the speaker's mind by the fact that the pain in its acuteness resembled the spasm of angina pectoris. He had much confidence in nitroglycerin for the relief of the œdema, dyspnœa, and cardiac distress of Bright's disease. He had tried it with much success for the temporary relief of aggravated sciatica. Though it was slower in action, its effects were more permanent than those of nitrite of amyl.

Aristol in Ozæna.—According to the *Lancet*, Dr. Löwenstein strongly recommends the employment of aristol—iodide of thymol—in ozæna. It is said that the fœtor ceases and the ulcerations heal, with consequent disappearance of the scabby crusts. It is given pure in insufflations, and is also used as a collodion (aristol.

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1 part ; flexible collodion, 10 parts) applied to the ulcerations. It should be kept in dark glass bottles, because it is decomposed by light. Its very slight odor makes it a most desirable substitute for iodoform.

Quadrangular Sounds for the Treatment of Stricture of the Urethra.—Dr. H. C. Wyman of Detroit, has designed some rectangular sounds for the purpose of stretching the urethra whenever its calibre is so diminished as to render it incapable of performing its function normally. He claims for these instruments the following points of superiority : 1. They present four points of contact with the stricture, therefore less friction than the round instrument ; 2. They are grooved between the angles and thereby insure the presence of the lubricating medium at the points where it will do most good : 3. They provide a means for applying solvent medicaments to the stricture. 4. They stretch the urethra in its transverse diameter at the point where it is organically diseased or in a state of spasm.—*Am. Lancet*, May, '90.

Examination of Sputum of School Children for Tubercle Bacilli.—Grusdeff examined the sputum of 262 pupils in the ecclesiastical institute of Kostroma; the ages varied from 9 to 18 years. Although a very careful inquiry showed that 30 per cent. had pulmonary troubles, that 28 per cent. expectorated, that 31 per cent. were engaged in choral singing, that 45 per cent. secretly smoked, and that 22 per cent. had tubercular parents or relatives, nevertheless the investigator was unable to discover tubercles in a single case in the sputum, although he exercised great care in the examination and employed the most faultless methods of examination.—*Cent. f. Bak. und Parasitenkunde.*

Intussusception Treated with the Aid of Barnes' Bag.—Rivington, of London (*British Medical Journal*), has employed Barnes' bag in the treatment of two cases of intussusception. The first patient was a man presenting a constriction of the rectum and an intussusception of limited extent which could be felt from the rectum. Upon the introduction and inflation of the bag the tumor readily receded and soon disappeared, not to return. The second patient was a child, seven months old, with a history of vomiting and passages of liquid and blood for two weeks. The bowel was found to be prolapsed and the ileo-cæcal valve formed the apex of the invaginated portion. Partial reduction was easily effected, but all attempts at complete reduction by insufflation or

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the injection of fluid utterly failed. A Barnes' bag was introduced simply for the purpose of retaining the mass. It was removed twice a day to allow of the escape of liquid passages. At the end of two days, without any other attempt at reduction, the intussusception had entirely disappeared. Whether peristaltic action exerted fruitlessly for the expulsion of the bag had assisted in the reduction, or whether it had been accomplished by the collection of gas above the bag, is uncertain. The action of the bag was evidently quite different in the two cases. It would seem to be a valuable adjunct to other methods of treatment in intussusceptions that readily recur on replacement or do not disappear entirely under the use of injections of air or liquid.

A Favorite Formula for Malaria and the Debility Arising From It.—

℞. Pulv. Cort. Pruni Virg.
" " Cinchonæ flav.
" Rhei (best Turkey) āā ℥ ii.

Macerate in two pints of best whisky for four or five days then add:

Liq. Potassæ Arsenitis..... ℥ ss.
Ol. Piperis Nigri..... ʒ jss.
M.

The dose is half an ounce three or four times a day which gives 3 drops of arsenic, 15 drops of the barks and 1 minim of the oil. In cases where quinine has been used for months and months in almost poisonous doses, this remedy will be found effective.

R. S. N.

Strophanthus in Asthma.—Dr. Dozewiecki of Warsaw says: "instead of giving narcotics to asthmatic persons, I successfully employ strophanthus during the attack, ten drops to the dose. I succeeded in arresting the attacks for a long time by giving it at intervals for some time, three times a day. This satisfactory effect of strophanthus can be plainly understood through the experiments of Dr. J. Propper who proved that strophanthus lessened the excitability of the vagus.

Herpes of the Genitals.—This variety of herpes is either moist or dry, hence two forms of treatment are recommended by Dr. Besnier.

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1. The dry forms are benefitted by daily inunctions with vaseline. Diachylon ointment made with vaseline will be found useful, as it possesses the advantage of remaining a long time on the skin and maintaining its elasticity. The formula is as follows:

℞ Emp. Plumb. Simplicis..... ʒ vi½
Lanolini..... ʒ vi½
Adipis.....gr. lxxv
M.

The vaseline may be used instead of the lanoline and lard. He also prescribes Stern's lanoline cerate, which is prepared as follows:

℞ Lanolini—
Cerati flav.....āā ʒ v
Olei olivæ..... ʒ iiss.
Mix, using a gentle heat.

2. In the moist form, very dilute lotions of carbolic acid or boric acid are employed, and followed by an application of some astringent powder. Among the latter Besnier prefers the following:

℞ Pulv. Amyli Subtil..... ʒ xxv
Bismuthi Nitratis.....grs. xv
Acidi Tannici.....grs. lxxv
M.

—*La France Med., p.* 155, 1890.

Eczema of the Vulva.—Lassus highly recommends the following ointment:

℞ Pulv. acidi Salicylici....gr. xv to xxx
Pulv. Zinci Oxidi.....
Pulv. Amyli.....āā ʒ iii
Unguent. Petrolii, puri..ʒ vi

Ft. unguent, apply to the skin, and then cover the parts with cotton.—*L'Union Med.*, Mar. 13.

Drink for Albuminuria.—A scruple of phosphate of soda and half a scruple of iodide of potassium in a quart of milk, forms an excellent daily drink, to be used *ad libitum* in cases of albuminuria.

Methylene Blue as an Analgesic.—In methylene blue that

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is free from chloride of zinc or other impurity, Professor Ehrlich and Dr. Lippman, says the *Lancet*, have found a safe analgesic that is cheaper than antipyrine and can be administered hypodermically without causing pain. It was given subcutaneously in grain-doses; internally from a grain and a half to four grains were given, though fifteen grains a day produced no toxic symptom.

Potassium Nitrate in Intermittent Fever.—Dr. J. D. Hunter of New Orleans, has fully tested this drug in chills and fever during the past five years. At least 65 per cent. of his cases were cured by the administration of a single dose, while 35 per cent. were uninfluenced by repeated doses. The best results were obtained when administered during the premonitory stage, which usually ushers in the chill. Twenty-five or thirty grains given at this period will either abort the chill or materially shorten its duration, the febrile stage being correspondingly shortened or reduced to a minimum. A second dose is seldom required, and relapse is infrequent.—*Atlanta Med. and Surg. Jour.*, Mar., '90.

Phenacetine.—Dr. I. W. Ayres of Alabama, considers phenacetine an excellent antipyretic, best given in doses from seven to ten grains. It is an efficacious analgesic, and is thus best given in single doses of 15 to 20 grains, instead of smaller doses every few hours. It is valuable for its sedative action in the nervous system. It is absolutely tasteless, and certainly more pleasant than any other antipyretic. Its great advantage over antipyrin and antifebrin is that it is non-toxic.—*Satellite*, May, '90.

—Sir Morell Mackenzie, in *The Fortnightly Review*, severely criticises the Royal College of Surgeons, England, as stupidly conservative, intensely jealous, and managed by a clique of metropolitan hospital surgeons; who in their turn are autocratically governed by the president and secretary. It does little or nothing for the encouragement of research, or the improvement of medical education, although last year $15,500 were spent under the head of "scientific purposes," and the examiners divided $45,000 among themselves.

Medical legislation in the United States is of the same nature, and with similar aims.

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Editor's Table.

MEDICAL LAWS OF NEW YORK.

THE Medical Laws of New York are badly mixed and would require a "Philadelphia lawyer" to interpret them. During the last session of our State Legislature, when it became evident that the bill providing for three Boards of Medical Examiners would be passed, a new bill was introduced which was intended to exempt graduates of colleges in the State from the provisions of the examiners bill. It was evidently expected that this bill would, if passed, become a law after the three Board bill, and thus defeat the objects of that measure. In this, however, the colleges have been disappointed, for the Governor signed the exempting bill on June 4th, while the three Board bill was signed on the 5th; so that they stand on the statute books, respectively as Chapter 500, and Chapter 507, Laws 1890. Had the order of approval by the Governor been reversed the provisions of the three Board bill would have been defeated so far as graduates from colleges in the State were concerned. As it stands, however, all the provisions of the three Board bill will go into force in September, 1891, just the same as if the other bill had not become a law, unless some other legislation is effected next winter.

This legislative chicanery, however, has seriously complicated the registration of physicians who have recently graduated in other States and desire to practice in this State. Chapter 500, Laws 1890, is the law now in force, and it takes from the colleges of the State the right to indorse diplomas from other States, and places it in the hands of the Board of Regents upon the recommendation of "a legally constituted board of medical examiners of this State." According to the provisions of Chapter 507, Laws 1890, no such board of examiners can be appointed by the Regents till they have been nominated by the several State societies at their next annual meetings, all of which take place in the spring of the year. Thus it appears that graduates from other States are debarred from practicing in this State, because no board exists with power to examine and recommend them to the Regents for the indorsement of their diplomas. Yet the law makes it a misdemeanor to attempt to register

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without an indorsement, or to practice without registration. And this state of affairs must exist till next April before any foreign graduate can have a diploma indorsed for registration in the State..

This whole business shows the dishonesty of purpose of those who are constantly clamoring for medical legislation, and should be sufficient to secure a repeal of all existing medical laws, and the passage of a bill which would recognize the right of graduates from all legally chartered medical colleges in the United States, to practice in this State.

The three Board Examiners' bill (Chap. 507, Laws 1890) is cumbersome in its details and places too much power in the hands of the Regents, who are not physicians, and who must, therefore, delegate their powers to some physician who is not even a member of any of the examining boards. Again we contend that those who have been medical teachers are better qualified to pass on the qualification of graduates than physicians who have been engaged in active practice, and who have not kept up with the progress of the age.

Let us unite, then, in asking the Legislature to amend these laws next winter, so that a diploma granted in the State shall continue to be a license to practice medicine, and that diplomas granted by colleges outside the State shall be indorsed by one of three State medical societies.

Those desiring to understand fully the laws passed last winter should send to the Secretary of State, at Albany, N. Y., for copies of Chapters 500 and 507 of the Laws of 1890.

ELECTROCUTION.

THE killing of Kemmler by electricity at Auburn Prison, on August 6, 1890, has demonstrated that the infliction of capital punishment cannot be separated from horrors and brutality that should belong to a past age. When it was proposed to substitute electrocution for hanging, it was claimed not only that death would be painless, but that its infliction would be more humane and free from all the accidents and barbaric scenes that so often attended the old method of legal killing.

So far as can be learned this expectation has been in no way realized. Some one has blundered, and the doctors who degraded

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their profession by agreeing to act as public executioners are now calling names and blaming each other for the bungling work done. On one hand we are told that Kemmler died a horrible death, and on the other that death was painless after the first shock. Then we are informed through the public press of the extensive burn on the neck and the struggles of the victim before the electric current was turned on the third time.

The publication of all these sickening details was in direct violation of the law, and even worse than is usually published regarding a hanging. Thus it would seem that nothing that was expected from the new method of killing has been realized; but on the contrary it is condemned on all sides and every effort is being made to create a public sentiment looking toward the early repeal of the law.

We sincerely hope that a more humane spirit will be manifest, both in the Legislature and in the community at large, when the question of punishment of capital offenses again comes up for consideration than was shown when the electrocution law was passed. We can punish criminals sufficiently without committing legal murder, and it is due to our nineteenth century civilization that we do away with the death penalty. We believe that the public has had enough of electrocution, and that Kemmler will be its only victim. We further believe that public opinion will not permit a return to hanging, nor is it likely that any other method of killing can be agreed upon. It may, therefore, be concluded that the change in the law was but the first step toward the abolition of capital punishment. We would prefer to have the question settled on a physiological and psychological basis, as set forth in our editorial in THE MEDICAL TRIBUNE for May; but we will gladly accept the result even though the bungling in the Kemmler case be the only reason given for the abolition of the death penalty.

THE INTERNATIONAL MEDICAL CONGRESS.

THE recent meeting of the International Medical Congress, at Berlin, was largely attended, and from the reports that have reached us, it seems to have been much more successful in every way than the Washington meeting. The American attendance was unusually large; and, very significantly, those who read papers are generally

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those who were absent from the "Congress" at Washington, three years ago. It is evident that no question of "ethics" was raised at this meeting, for a number of Eclectics and Homœopaths were in attendance as members.

PROFESSOR JAY'S CASE.

PROF. MILTON JAY, of Chicago, was tried by an impartial committee, at the last meeting of the National, on charges preferred against him a year ago. This committee reported that the charges were not sustained, and censured his accuser. The report was approved with but 17 votes in the negative. Now it seems strange that the few who were opposed to Professor Jay should accuse the entire Association of wrongdoing, and attempt to give a one-sided account of the matter in their journal. It is equally strange that this action of the committee should be considered a reflection on Bennett Medical College, when it is claimed that the faculty of the college knew nothing of Dr. Hart's intentions and disapproved of his action in preferring the charges.

Referring to the charges we find that Dr. Hart, one of the faculty of Bennett Medical College, says that Hanslmair was "a stu dent at said college who had failed to pass his final examinations for the degree of Doctor of Medicine." The Chicago *Medical Times* for July says: "The man matriculated at the college, but attended only one course of lectures, at the expiration of which time he applied for graduation and was refused." Which of these statements is correct? Dr. Jay was tried on the first, and we understand that Hanslmair, being in the graduating class, a diploma was filled up for him as for the others in the class, which is a usual procedure in all colleges. Failing to pass his examination the diploma was not signed by the faculty; and as near as we can learn the only evidence presented to the committee was that this man had an unsigned diploma in his possession.

The unpublished side of the story would not make pleasant reading, and we have no desire to stir up the matter further. We sincerely trust that the committee's action will be accepted as final, and that we have heard the last of the controversy. We have received several communications on the subject, but shall decline to publish them unless equal justice demands it.

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RECENT PUBLICATIONS.

PROFESSOR SCUDDER has done a good work in revising his text book on practice* The edition before us has been carefully revised and the treatment given is made to conform to the author's theory of specific medication. The work is thorough and practical, and as a text-book, both for students and practitioners, it has few equals and no superior. In all the diseases that properly come within the domain of practice of medicine the treatment recommended can be safely followed, and the results will prove highly satisfactory. In some of the surgical diseases, however, the author speaks so positively regarding their treatment that the young physician is liable to expect too much from his medicines without resorting to surgical interference. This is particularly true regarding the treatment of spinal deformities, in which mechanical supports must constitute the main feature of their management. Professor Scudder's remedies will doubtless supplement the mechanical appliances, but would be of little value without them.

The volume is printed on excellent paper, with clear type, is handsomely bound in sheep, and is a good sample of the bookmaker's art.

No Eclectic can afford to be without it, and those who are ignorant of Eclectic practice will find in it much to learn that will prove of value at the bedsides of their patients.

ELECTRICITY as a therapeutic agent has continued to grow in favor till now it is recommended in many acute and chronic diseases in preference to any other treatment. Its use in diseases of women is set forth in a concise and practical manner in the volume before us.† The author writes with a conviction born of long experience, and a careful study of his work will convince the student that the electrical treatment can often be substituted for surgical interference. The treatment of uterine fibroids is especially deserving of careful attention, as is also the treatment of uterine displacements. We can testify from personal experience regarding the value of strong galvanic currents in reducing large fibroid

* "The Eclectic Practice of Medicine." By John M. Scudder, M.D. Twelfth Edition. Second Revision. Cincinnati: John W. Scudder, Publisher. Price, $7.

† "Electricity in the Diseases of Women," with special reference to the application of the strong current. By G. Betton Massey, M.D. Philadelphia: F. A. Davis. Price, $1.50.

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growths of the uterus, and this work clearly describes the mechanism of the treatment.

ITEMS.

—MAY we suggest to some of our contemporaries that malice, evil speaking and wilful misrepresentation of facts are things which upright men, gentlemen, and genuine Eclectics do not countenance?

—DR. F. D. GRIDLEY, of Whitney's Point, N. Y., has been a constant worker for the Eclectic cause for many years. He is pleasantly located and has a large practice; but he is anxious for a rest preparatory to taking life easier in the future. He will sell his property on favorable terms to a good Eclectic. This is a splendid opening for a wide-awake young man. Write to the doctor for particulars.

—WE welcome Dr. Gunn back into our ranks. He was the first secretary of the National Association, and always in warm sympathy with its objects. Not only was he cordially received and welcomed as a member, but at his request his resignation of 1884 was set aside, and he duly enrolled as an original member from 1870. Among his friends and supporters were Prof. J. M. Scudder, Prof. E. Younhin, Prof. Jay, Dr. C. E. Miles, Dr. S. B. Munn, Dr. Piper, and other stand-bys of the Association.—D. in *Georgia Eclectic Medical Journal.*

[Always a welcome from Prof. Durham. We gratefully acknowledge his courtesy, and add our appreciation of the fact that of all published allusions to this matter his was true and fair.—ED. MEDICAL TRIBUNE.]

—INFORMATION reaches us from Oregon that the Oregon State Eclectic Medical Association was organized at Salem on the 9th of July. Its standard of admission to membership is the degree of a medical college in good standing. The following are the officers for the year: President, William S. Mott, M.D., Salem; vice-president, S. A. Davis, M.D., Salem; recording secretary, S. C. Browne, M.D., Halsey; corresponding secretary, R. O. Logran, M.D., Philomath; treasurer, J. W. Wyatt, M.D., Mehaura. The next meeting will be held at Salem, on Wednesday, September 3, 1890.

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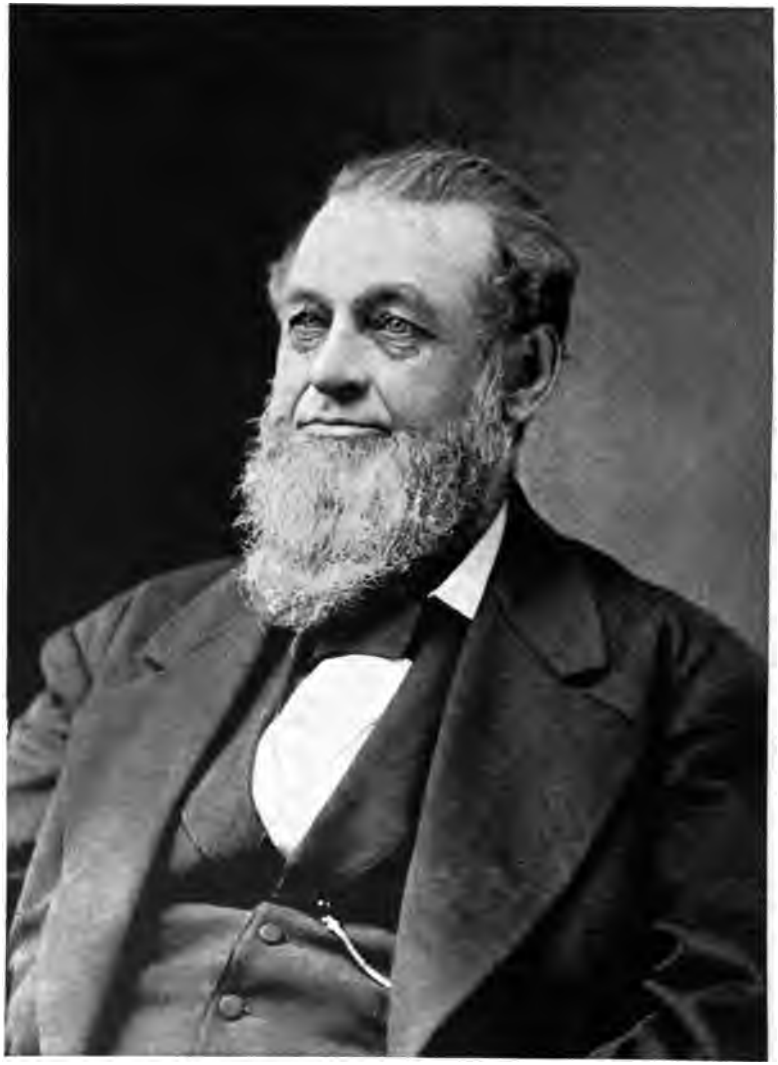

Prof. JOHN KING, M. D.

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The Medical Tribune.

ROBERT A. GUNN, M.D., EDITOR.

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MATTER AND ITS TRANSMUTATIONS.

SEVERAL years ago, Mr. Joseph Hands, M.R.C.S., of London, published a monograph upon the phenomena of matter, in which he set forth several propositions, novel to the general apprehension of the subject. We will endeavor to give a fair presentation of his views as deserving candid attention. The author had been what is called a materialist, and like other persons changing their opinions is very precise and definite in regard to minute points that others are more or less likely to overlook.

It may be remarked that it is no easy task to define what matter is. Like its counterparts, life, and spirit, with which we may think we are familiar enough to be able to tell it easily, we soon find our mistake. The definition of Webster's Dictionary is a fair sample of endeavors in that direction. "That of which the sensible universe and all existent bodies are composed; anything which has exterior, occupies space, or is perceptible by the senses." Yet this does not go to the foundation, and is therefore not philosophical. Plainly enough, what we denominate *matter* is not actual SUBSTANCE or the underlying principle, but the matrix or receptacle of substance. Its very name, matter—the *materia* or mother-principle—implies this, as do the corresponding terms *Nature* and *physics*, which many love to employ to denote the productive force. Boscovik, the Italian naturalist, declared that in the last analysis it consisted of points of dynamic force. Faraday accepted this hypothesis.* But a point has no extension, occupies no space, and

* The doctrine of solidity or impenetrability, that two bodies or kinds of matter cannot occupy the same space, Faraday admitted to be untenable. Even Sir Isaac Newton suggested that the elements composing the whole earth might be compressed into the space of a small room. Faraday describes very forcibly the absorption of matter: "We may cast into potassium oxygen, atom for atom; and again, both

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is not perceptible to physical sense. The mind alone may cognize it, because it is a thing pertaining to the department of the understanding. Matter, therefore, is that which is manifest to the corporeal senses, rather than a thing having absolute being. It is the "passive principle," coöperative, productive, receptive of form and giving it external quality and shape. Primitively it was unconcentrated, ethereal, imponderable; and very probably the process of its emanating is still going on. Creation as we call it is all the while taking place. The physical universe is not a clock which has been framed, wound up and set to running till it shall have run down. It is an organism with its moving principle immanent in it, young and growing, adding to itself and very possibly disintegrating in corresponding degree.

Mr. Hands is accordingly "led to conjecture that there was once a cycle when all the gravitating *material existences* we now behold subsisted in a state quite as ethereal or unsubstantial as are the weightless elements presented to our feelings or senses under the form of heat, electricity, magnetism, to which we may add those of sound, color, etc." Out of these and other subtile or rare principles originally constituting amorphous or unparticled matter, were developed what may be presumed to be compounds—the atoms, monads, or corpuscles, that constitute the sphere which we now inhabit. The different metals and their oxides which in part produce the rocks and soils are made up of the molecular atoms so derived. The gaseous elements sustained by the earth and ocean owe their derivation to the same sources. It is fair to presume that increase as well as change is constantly taking place.

The numerous "elements," however, of which modern chemical science treats, cannot rationally be considered as being ultimate or primitive. Sages in all ages have been aware of this, and speculated inquisitively in regard to the first physical principle. Thalês the Ionian assigned the first origin to water. Herakleitos, instructed probably by the Mages of Persia, declared it to be fire,

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oxygen and hydrogen in a twofold number of atoms; and yet with all these additions the matter shall become less and less in bulk till it is not two-thirds its original volume. A space which would contain 2800 atoms, including 700 of potassium, is found to be filled by 430 of potassium alone."

It may be added that Faraday disbelieved in the materiality of atoms. "What is an atom apart from force?" he demanded. "What notion can we form of a nucleus, independent of its energy?"

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or what we might denominate a calorific ether. Faraday, who more or less combined the character of seer and philosopher with that of scientist, believed that all metals and other chemical elements would be eventually found to be but forms of air. Our own Dr. Thomas R. Fraser carried this speculation to a point, declaring matter to consist of atoms having polarity and a twofold character, positive and negative, mineral and vegetable, or male and female. Other writers consider it a hylê, or ether, of which oxygen is the positive and hydrogen the negative polarization, which become by the alchemic and vital processes all things that we find in the physical world. Mr. Norman Lockyer announces hydrogen to be the primary element, and that the other bodies are composed of molecules grouped together in different proportions, but as being essentially nothing but hydrogen. Berliner suggests a force setting the hydrogen-atoms in motion, and that that force is either light or else the all-pervading electricity which causes the atoms to assume polarity, or the twofold positive and negative condition, and thus by attraction and repulsion to produce the first motion. The substances compounded from hydrogen are many, as our chemical text books show, and it may yet be seen that it is, as is suggested, the material from which other bodies, supposed to be distinct and even heterogeneous, were constituted by the all-potent force.

"Where is the locality in which matter is not?" Mr. Hands demands. "It doubtless exists as an imponderable non-resistent element in the far, far away, extending into the unimaginable expanse beyond the apparent blue dome we have so often looked upward through, in joy or sadness. * * * This so-called tenuous and apparently intangible matter can also have an existence and locality between the molecules or atoms making up the living and lifeless objects that surround us." * * *

"Persons in general have no conception of the absolute and essential heavings of Nature's order of things. But the reflective mind of the philosopher perceives, or is aware, that if any one of the general laws that pervade the universe—as, for instance, the polarity of the atoms appertaining to all bodies—was to be changed or interfered with, if only for the fraction of a moment, over even perhaps a part of the *great whole*, all the vast worlds in existence and their constituents would melt into a 'nothingness,' and matter would again become, as far as our senses are concerned, unatom-

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ized or immaterialized from this one failure in the ruling action of Nature's government."

The next step in Mr. Hands' reasoning is that of transmutation. We infer from the previous argument that the molecules being objective, negative dynamic forces have the power to attract and elaborate unatomized material from the invisible region of force to the increasing of their number. Mr. Hands goes farther and propounds that "the growing plant and animal must have the capability of *condensing* or causing the union of their inconceivable, uncorpusculated existences." Thus in regard to carbon, as found in the coal-strata, peat-bogs and vegetable mould, "it could not have originated from the circumambient air, or an alteration in its present proportional constituents must have resulted." Where too, do the deep marine plants and sea-animals obtain their carbon? It is not found in the ocean, except just upon its surface.

"The foregoing economy must also occur relative to the origin of some of the metals and other substances. Thus we find potash, the base of which is the metal potassium, present in the ashes produced by the combustion of aërial plants. Again, in the blood of land and sea animals, we meet with iron; yet this metal is not found mixed up in the sea or air. * * * Further: relative to the origin of the metal calcium, the base of lime—whence do the shell-fish and *corallina* with other marine animals obtain carbonate of lime, which forms the frames of some and the cases or coverings of other inhabitants of the ocean? Certainly not from the sea-water; for that scarcely contains a trace of this substance, except at the mouths of rivers, which amount is soon deposited to assist in forming the different deltas found at the termination of the various streams that empty themselves into the mighty ocean of waters, which fill up the deep cavities of the earth. In fact, there is a greater quantity of carbonate of lime found and deposited by some of the families of the *corallina in a few years*, over one of our great up-growing marine submerged islands, than all the lime that was ever found or existed in the broadest and deepest seas.

"The same question might be asked relative to the house-snail and land-crab, which latter is often found casting its shell on the common earth or grass, where it creates or secretes a new covering, though enwrapped only in a few leaves, in which exists no lime.—From whence again comes the lime which forms the structure of the bird whilst within its shell? There is none in the soft parts of the egg.

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nor is there any vascular connection between the chick and its calcareous covering; and if there was an association, it would be discovered on examination, that all the lime of the entire shell would not be equal in weight to the quantity found in the osseous frame of the young bird, when breaking its prison-cell.

"In continuation: All the carbonate of lime, and each particle of our chalk-beds, were originally formed by living creatures. Every atom we look upon belonging to the earth's upper strata, was once instinct with animal or vegetable life. It is the calcareous shells of the animalcules called *Foraminifera* that form the white stone of which Paris is built."

The conclusion from these facts is plain, that plants have the function and capacity of collecting certain tenuous or subtile imponderable elements to form carbon, and likewise to produce metals, as shown with potassium and iron; and also that a set of animals as the zoöphytes and shell-fish, are capable of arranging or attracting together certain amorphous principles with which they form lime.

So too in regard to the animal and vegetable origin of silicon the basis of silica or flint. Mr. Hands adduces evidence of flint-formation by vegetables of the cane family, and we may specify the common scouring-rush with the bamboo and the wheat-stalk, as well as a particular race of animals. Appertaining to the latter class may be noticed various infusoria possessing silicious or flint shells, which were secreted by the animals themselves. Perhaps it would be better to say that these animals had the ability to attract certain ethereal unparticled principles resident in the waters which they inhabited, by means of which they formed silicon. This latter being united to the pristine elements that go to form oxygen, constitutes silica, of which these shells or cases are made up. This mineral silica enters into the composition of many of our scintillating stones, as flints, quartz, agate, etc.

Different races or genera, like the *Grilionellæ* and *Bacillariæ*, have various mineral products. Strata of infusoria have been discovered in different places, extending over many miles in circumference. Professor Ehrenberg noticed beds of living flint-producing creatures, the *Diatomaceæ*, sixty feet in depth under Berlin. Similar observations have been made at Petersburg in Virginia. Later naturalists classify these animalcules as belonging to the vegetable kingdom.

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"We recognize in Geology," says Mr. Hands, "that in past times the pulverized *débris* of these animals' coverings were perhaps fused, and thus formed the segments of the flint we meet with; or they may have been fashioned through the process of attractive cohesion, that builds up and lays down so many of Nature's structures or productions. Other minerals belonging to this family, like quartz, jasper, agate, etc., were crystallized, through magnetic influence, from different solutions holding in them the constituents of these stones."

Hence our author makes the following deductions: "The fluids from which these flint-producing creatures are generated do not contain silicon, or its oxide, silica. This sequence of things proves that Nature possesses or exercises an alchemy of which we as yet know nothing beyond the bare fact of the existence of her productions. Yes, Nature has an occult chemistry of her own, by means of which all organic or inorganic bodies are formed and afterward arranged. She at different times has collected or brought together into her laboratory, the different *unatomized* ethereal elements with which she has fashioned the earth, and is now creating the trees and shrubs of the forest, and the vegetation and flowers of the fields, that in turn through her means will help *in part* to develop or at least influence the varied living beings surrounding her work. The subtile unparticled and imponderable principles that Nature *employs* to perfect her operations are very unlike those at our command, as is the *procedure* in executing her work. The economy of Nature's operations is, and ever will be, during our earthly sojourn, a mystery to us.

The theory of transmutation imputed to the Alchemists will seem to derive from these facts, a degree of plausibility. It is very significant, however, that the production of a new element appears to require the agency of a living agency. The flint, lime, potash, all are traced to living creatures. Life appears to be universal in all the world; and because of it there exist force and matter, created things and energy. Every minute particle has the measure of life peculiar to it; and doubtless that life is operative in the polarizing principle which we call *magnetism*, and from that all the way up to the highest development. Nature is the Alchemist, the magician, the wonder-worker; and creation is no affair of ages or cycles, or even to time, but is a process in constant, perpetual action.

Newark, N. J. ALEX. WILDER, M.D.

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THE ETHICS OF PAIN.

MAN makes much ado about pain. In regard to it he is not unlike a child pulling a watch to pieces to see how it works, and surprised, when all is done, that it no longer ticks. Man is an analytical being, and contented only when he has reduced every proposition to its lowest term.

What is pain? and how far are we right in according to it a prominent place in the scheme of human development? Is it a good or an evil thing? or has it, in its inherent capacity, the elements of both? It is a trite reflection that pain and pleasure are twins, so closely similar in some regards, that it is difficult to tell one from the other. Many experiences partake almost equally of both. All ecstacy does so, as also does most emotion.

There is an actual pleasure in the indulgence of sorrow, and we know that many people fairly hug affliction. When we think seriously of the subject, and the important part played by pain on the human economy, we may fairly ask what life in the world, social life, would be without it? If we could eliminate suffering, as a factor, from any individual life, what would such life be worth? It is a great question whether we could conceive such a thing as a perfectly painless life, even in the lower animal world, and as soon as in such research we reach the realm of consciousness it is clearly impossible. Every birth is in itself an epitome of pain, alike to mother and child; where such is not the case, as in some tropical countries, maternal instinct is not a passion but a mere sentiment. The higher the scale of being, the greater the capacity for suffering, the less, very often, is the power to endure. The savage exults in physical agony, and looks upon it as the initiation of manhood. In many uncivilized tribes the initiatory rites for youth are excruciatingly painful, and he who in passing through them utters a cry or protest is considered an emasculated creature unworthy of the privileges of a man, unfit to become a father, a scorn and by-word of the tribe. And if more civilized races do not exult in physical torture thus purposely inflicted (although many sincere religionists almost appear to do so), they certainly regard sorrow as in itself meritorious. They take really great comfort in suffering; and it is a well-recognized trait of uneducated people, even among ourselves, that they contemplate their bereavements with a certain smiling

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satisfaction, and keep a careful record of burials. Doctors and nurses in hospitals are familiar with states in which patients manifest a perfect satisfaction in pain, and the tendency to dwell upon every detail of a painful experience is another curious symptom of gratification in its existence. Yet, with all this, as has been said, man makes much ado about it. In our own day there has been a sort of revival of pessimism crying aloud in urgent denunciation of the suffering of the world. Is life worth living? asks the man of thought, and a thousand other thinkers play battledore and shuttlecock with the question. Has any given a satisfactory answer? Clearly not, and for a good reason.

The question is too vaguely put, as almost all such queries have been. No one can possibly give an exact reply to an inexact proposition. If, instead of asking, Is life worth living? the inquiry were thus formulated: "What is it that makes life worth living?" it might be possible to arrive at some definite conclusion.

An optimistic writer has, taking up the other side of the question, discoursed ably of the pleasures of existence; but even in so doing, and in enumerating very many sources of satisfaction open to every one for enjoyment, he has not proved that life, even in the command of every one of them, is worth living. An Oxford undergraduate, called upon suddenly to define pleasure, gave as his definition, the absence of pain; but where without pain would its antithesis be?

It is worthy of a thought whether, after all, it is not in pain itself that he must seek that which alone can and does make life worth living, that in which alone lies the capacity of enjoyment, that which, in itself, is at once cause and excuse for being.

For pain is always life: it is never death. Enjoyment may be passive, mere contentment, but suffering never is; it is always and ever active. We talk sometimes of an apathetic sufferer. No such thing can possibly be, apathy allied to suffering is an absurdity. So, too, when we speak of death as painful we say that which is clearly incorrect. All that precedes it may be pain, may be agony, or anguish, but in death itself is no pain, simply its *absence*. Practically we all know this, theoretically we ignore it every time the question comes up for consideration. When in a diseased limb mortification sets in, it is too late to save the limb: it is dead, and the same is equally true in regard to mental and spiritual experiences. Apathy of thought or of emotion is death; suffering,

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pain, agony, anguish are each one evidence of life. Vitality and pain are indeed so closely allied, that it is impossible to disconnect them.

The very existence of thought itself implies the capacity to suffer, for if we analyze the *intention* of thought we shall find that it always implies *effort*. There is no apparent thought in the infant, and we speak of the dawning of intelligence as cotemporary with active observation manifested by shrinking from what is painful. The infant's first apparently *conscious* act, as distinguished from mere instinct which satisfies hunger at the call of appetite, is shrinking away from light. Every observer of very young infants is aware of this, and that the first taking of notice appears to be in the same direction. Now, if every experience of the child were uniformly pleasurable there could be *no* awakening of action, perception, or thought, the whole mental atmosphere, or mental capacity would lie dormant.

This is so inherently fine that as intelligence develops it is only by *comparison* that it is possible to gauge *feeling* at all ; that is to say, pain is the interruption of pleasant sensations which were not in the least appreciated until the interruption occurred. Paul hit this truth in spiritual matters when he said, "I had not known sin unless the law had said thou shall not covet." We are conscious only of law in resistance, we are conscious only of possible pleasure in pain, we appreciate the full joy of freedom only when we have known restraint.

So universally is this true that all our conception of punishment lies in the deprivation of pleasure by the infliction of pain. We take away freedom as the most stringent action possible for an offense. We inflict corporal punishment with the idea of bringing into clear contrast the opposing element of pain and its cessation. When in our popular pessimistic estimates of life we dwell gloatingly upon its miseries, and point exultingly as proof of capricious intention on the part of the Divine author of all life, to the suffering of the entire universe, we seldom pause to reflect that, but for its existence we should be entirely unaware of the endless capacity for enjoyment which is an equally important heritage of all created beings.

One strong argument in favor of a tyrannous and capricious nature lies on the existence of suffering in the animal world. We find some explanation of the *rationale* of man's suffering in a

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possible discipline, but we rarely ask, why animals enjoy? And yet, if we pause to consider the question, there is no reason apparently why the whole of their existence should not be pain and its incidental accompaniment pleasure instead of the reverse. And in the case of human beings, why should not the miserable element outweigh the pleasurable possibilities? Some thinkers, of course, insist that it does, but common-sense knows better. Rousseau affirmed that love inflicted a thousand torments for one ecstacy, but all experience contradicts this, and to love and be loved remains the highest ideal of happiness. In every human experience lies limitless capacity for enjoyment, and, moreover, nature has lavishly provided opportunity. Her very processes are hymns of gladness; she acts in rythm; her voice is uniformly that of joy. Even in the tempest there is the exultation of conflict; her pangs where these are fiercest are forerunners of delight. The mother agonizes and yearns, but forgets it all for "joy that a man child is born into the world." Had his incoming been heralded by no pang, where or in what proportion would have been her joy? Why do we so foolishly insist upon analysis of pain, and enter so grudgingly upon consideration of the true nature of pleasure? Only because pain is that which alone makes its antithesis possible. Pleasure as pleasure is a very unenjoyable thing! It is only because it is liable to be interrupted and emphasized by its opposite that we really value it at all. Every one knows how it cloys. The possessor of all worldly good is just as likely, and more so, to be a melancholist than the man whose one shirt is likely to be parted with at any moment. The cheerful happy-go-lucky temperament of the ne'er-do-well finds no co-respondent in the pampered child of fortune, whose rest is disturbed by a pea under a dozen mattresses. If life were all pleasure or even if pleasurable emotion were a limitless possibility, it would be an utterly meaningless and contemptible thing, no whit more worthy than that of the butterfly dancing in the sun. It is sorrow or it is possibility; it is suffering or it is expectation, that give dignity and meaning to life. Eliminate them, put men in conditions in which they are reduced to a minimum, and what do we find? An effete, emasculated manhood, a servile womanhood. Place him in circumstances when danger, suffering, death, are imminent, and what is the result, a noble manhood, a loyal, disinterested womanhood.

It is always the man risen from the lower ranks by struggle

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against circumstance (and all pain, suffering, or sorrow is struggle against that which baffles the intention or the affection) who commands the homage of the world. Why? The ready answer, of course, would be because the world worships success, but it is not the true reply after all. The real reason of the respeet he has won lies in his resistance to pleasurable possibility or inertia, and in his choice of that which in its attainment implied struggle, effort, probable pain, and certain suffering, for the sake of future good—a respect still further emphasized if the good is for others rather than himself.

Is it not somewhat singular, this being the case, that we yet dwell generally with emphasis upon pain as an evil? If we could only realize that pain, as pain, is merely incidental and of no abstract value, but that as a means to an end it is of priceless worth, would not our whole view of human life undergo a change? We should then neither deify nor denounce suffering; neither imagine, on the one hand, that by self-inflicted torture we could reach purification, or on the other, that pain was an engine of retribution and nature cruel and tyrannical in her infliction of it. We should understand that it is not only an essential element in human life, but that it is THE one essential element without which all progress, either physical, mental, or spiritual, would be impossible. For growth in itself implies *striving* against some passive or active resistant agent, and unless pain incited effort in the first instance, growth could not be. The very plants pulsate in pain, or in that which in their environment corresponds to pain; and in human experience, the value of suffering is in exact proportion, not to its extent, but to its aim. Those who desire the attainment of higher nobility, of purity, of unselfish, devoted love, of perfect character, soon realize that they have entered the pathway of pain, and that every upward step will be at the cost of suffering. Why? Because they are *growing* in spite of passive or active resistance of atmosphere and surrounding; because only on the endurance of that which induces and accompanies effort is it possible for man to become godlike.

The true estimate of pain would, therefore, be that it is the most valuable servant or agent of perfection, either physical, mental or spiritual, but the worst master, and as such the creator of mere slavish, unreasoning creatures. All who succumb to its rule necessarily lose strength; all who resist its encroachments gain

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vigor, no matter whether it be physical pain, mental suffering, or the purification of sorrow. To rise above each one as it presents itself, to rise above it, even in accepting it, *this* is the true philosophy which must lead to a cheerful, happy, joyous existence, in striking contrast to that cynical acceptance of pain as inevitable which some people call resignation. Resignation is only a virtue in the submission of will which is the necessary accompaniment of all noble effort; but it does not apply to circumstance, only to sorrow. That which comes into a life with the steeping force of bereavement must be accepted with resignation, but still with hope which can rise above it, while mere submission to physical pain or miserable circumstance is slavish, unreasoning weakness, more often the result of laziness than of anything noble. *Let us be up and doing*, looking always forward to conquest, expecting good and not evil things, hoping rather than fearing, accepting happiness rather than misery as the intention of life, and we shall soon find that very many of our sufferings are like the immortal nettle, insistant only until they are firmly grasped. Above all, we should become philosophic enough to realize how much of our pain is mere foreboding, and should smile as we remember the words of the French poet:

"Some of our ills we have cured,
The sharpest we all have survived;
But—what misery we have endured
From ills that have never arrived!"

JANET E. RUNTZ-REES.

CASES IN PRACTICE.

Case I.—In September, 1888, I was called to see an infant eight days old. The mother said the child had cried all day, but they had given it six drops of paregoric and when I called the child was sleeping quietly. The pulse was about normal for its age, there was slightly increased respiration, and the skin felt natural. I raised the lid and found the pupil normal, thus satisfying myself that too much opium had not been given.

It being eleven P. M. I decided not to awaken the child. I left a little magnesium phosphate, 6th decimal, to be given in case the pain should return, and promised to call again. At two P. M. the

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next day I called and found the child in an advanced stage of trismus nascentium. The spasms were perfectly regular, the jaws locking and strongly contracting every few seconds. The body was not distorted, only a shudder like movement accompanying the spasms of the hands, feet and jaws. With the trismus the face distorted. Nothing could be given the child owing to the trismus.

Uncovering the abdomen, I found that the navel cord had been simply turned back upon the umbilicus. The abdomen about the umbilicus was a very dark red, hard, hot and tense. The remains of the cord was nearly black. The child died within 3 or 4 hours of the visit.

Case II.—Five or six weeks after this, I was called to see another infant seven or eight days old. The story told me was that the skin suddenly turned red; then blisters formed and the epidermis separated from the cutis vera. The child, beginning just under the ears, was nearly skinned, looking much as if it had been dipped into scalding water. Any attempt to move it called forth screams. The left arm lay upon the pillow to one side of its head. From the elbow to the tips of the fingers it was perfectly black. The epidermis hung in large blisters from the palm of the hand; and upon cutting the blister a tablespoonful of liquid ran out, looking like orange juice, or more definitely like the liquid contents of osteosarcoma. I cut the clothes off the infant, it being impossible to move the little thing in its raw state. I found the navel cord had been cut off pretty long—about two inches—and turned back upon the umbilicus with no dressing or attempt at it. It was simply bound up tightly under the belly band and *had not been looked at.* The abdomen was swollen, dark red and tense; the stump of the cord was mortified, and the umbilicus was nearly so. The child died in a few hours. The mother had two healthy children and showed no signs of syphilis.

I fail to find any such case reported in any of my books. Nor can I find any physician who ever saw one similar.

Case III.—About a week later I saw still another infant, about two weeks of age, in which the umbilicus was badly swollen and very red. The cord had sloughed off all right, and the child was kept clean. I covered the inflamed portion with zinc oxide, and ulmus. Gave ferrum phosphate internally and made a good cure of it.

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I would like to know if such cases had been met with by others, and how to classify case No. 2.

Case IV.—In October of the same year I received a call for a man with Alopœcia Areata. The hair had fallen from the greater portion of the scalp, and what remained was very thin and fine, like infant hair, crinkly and lustreless. The man had a bad-looking face, prematurely wrinkled and seamed, and appeared very deficient in vitality. I prescribed the following:

℞ Liquor Potassæ et Arsenitis.....
Tinc. Nucis Vomicæ.....āā gtts. xx
Aquæ..... ℥ iv.
M.

Sig. One teaspoonful every four hours.

I also ordered the following:

℞ Asepsin (Lloyd's).....gr. v
Hamamelis Distillatæ..... ℥ i
Glycerinæ..... ℥ ss
Aquæ *ad*..... ℥ vi.
M.

Sig. Apply freely to the scalp, with friction.

This arrested the disease promptly and improved the general tone of the system, and within two and a half months the hair had started to grow nicely.

I report this case chiefly as showing the aseptic action of the asepsin. I have used the remedy inside and out for a number of conditions, and like it very much.

Case V.—In November I was called to see Mrs. H., married, about thirty years of age, who was suffering from a sore tongue. I found her with a very putrid breath, and upon the tongue I discovered three or four black, elevated sores the size of dried peas, from which blood was constantly oozing. Blood was also oozing from the gums. Upon the back of her hands and on the sides of the face there were quite a number of small black infarctions, which were dry, sunken, and as black as gunpowder. Upon the body and legs were a number of large ecchymoses, some fresh and blue, others vanishing, and still others of a dull yellow color, merely stains. There was no fever, and the pulse was normal. The whole system was carefully examined, and I could detect no liver

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enlargement, no splenic engorgement, while the lungs were free and the heart healthy. The sanitary surroundings were good, the bodily habits and the diet were proper and gave no clue to the cause. I diagnosed purpura hæmorrhagica, and prescribed tincture muriate of iron. On the third day the hemorrhage from the tongue and gums was increasing, and the purpuric spots kept coming. She was within ten days of her menses, and the kidneys had begun to pass blood profusely. I stopped the iron and ordered two drops of aromatic sulphuric acid, with five drops Hamamelis, in water every hour, and twenty drops of Lloyd's ergot every two hours. I also ordered her to keep constantly recumbent and in bed. Under this treatment she soon began to improve, and before the menses came on was apparently well, except the pallor from loss of blood. May 5th she was taken with epistaxis from the right nostril, being unwell at the same time and flowing much beyond common. The bleeding from the nostril was slow, but had continued from 4 P. M. till 12 P. M. before I was called, saturating several handkerchiefs. The purpuric spots again appeared upon the body, but there were no other signs of disease. Failing to check the epistaxis by ordinary modes, I plugged the nostril with Monsel's styptic solution. I did not like to give ergot as she was flowing at period. May 6th I found the left nostril bleeding gently. She complained of severe pressure in the forehead. I now began the ergot, ten drops every hour. May 7th all the bad symptoms had left and she was anxious to get up.

I would like to know if such cases of purpura hæmorrhagica have been observed, and what their termination. I have seen five other cases, usually occurring as sequelæ to some determining cause, and all have died. This case puzzles me, the cause being doubtless some wrong in the constitution of the blood itself. No such cases have ever occurred in her family, to the best of her parents' knowledge.

F. H. WILLIAMS, M. D.

Bristol, Conn.

EPIDEMIC OF DYSENTERY IN WATERBURY.

I NEED not set forth the difference between sporadic and epidemic dysentery.

Dysentery was prevalent (epidemic) in Waterbury in the summer of 1887. It commenced about the middle of June and con-

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tinued till September. The great inquiry by many was as to the cause. Attention was called to the sewers, and they were explored; the trouble was not there. Smelling committees, whether self-constituted or otherwise, explored houses from cellar to garret; out-houses, manure-heaps, garbage, city water, the brooks, etc., etc.; but so far as I know no particular cause was discovered.

It has been observed by some in the localities where cholera and yellow fever occur epidemically, that there is a deficiency of ozone in the atmosphere, so much so that in some instances at least, the birds leave the region and return after the epidemic has disappeared.

The outbreak took place in Waterbury about the middle of June, synchronous with the hot and dry weather. It will be remembered that from the middle of June till the first of September it was hot and dry. The epidemic ceased as suddenly as did the hot and dry weather. From the commencement of the hot weather until we had storms with cooler weather there was a deficiency of ozone in the atmosphere, interfering with digestion, causing a ferment in the alimentary tract, not only of the aliment but also of the mucous secretions, and as a consequence resulting in the dysenteric inflammations. The number of deaths during the two and a half months were 136, which were distributed as follows: June, 14; July, 78; August, 44. I treated seventy-five cases, none of whom died.

The following is the treatment I employed with adults:

First. Neutralize the acrid accumulations by the use of neutralizing mixture, or Sodium Sulphite or Potassium Chlorate, according to indications.

Second. Give the following:

℞ Normal Tinct. Aconite.....
" " Ipecac.....āā gtts. x
" " Gelsemium..... ʒ ss.
Water *ad*..... ℥ iv.
M.

Sig. One teaspoonful every two hours.

Third.

℞ Bismuth Subnitrate..... ʒ ii.
Carb. veg. (1st dec. trituration) ʒ iii.
Water *ad*..... ℥ iv.
M.

Sig. Shake well before using and give one teaspoonful every two hours.

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Fourth. To relieve pain and tormina, give rest, and hold the bowels in check, give ten to twenty-five drops of Chlor.-Anodyne (P. D. & Co.'s) every four hours. For convenience of administration it may be prepared as follows :

℞ Chlor.-Anodyne..... ʒ ii.
Elix. Simp. *ad*..... ʒ ii.
M.

Sig. One teaspoonful every five hours. Sometimes I give Tully's powders instead of the Chlor.-Anodyne.

The diet must be light, such as Imperial Granum, mutton broth and coffee made from roasted oats. Those who have not tried this treatment will find it far ahead of the old-time heroic methods.

S. B. MUNN, M.D.

Waterbury, Conn.

ANOTHER INTERESTING CASE.

BELIEVING that reports of interesting or unusual cases are calculated to increase our knowledge of diseased conditions, I venture to submit for consideration the following case :

Mr. A. J. H., aged 57, called upon me May 1st, complaining of unusual nervousness, inability to work more than an hour at a time without undue exhaustion, and a feeling of slight chills running up the back with a general feeling of languor. He thought he was suffering from malaria.

On examination I could find no particular lesion, and on general principles I gave him a simple tonic. His bowels being somewhat constipated, I directed him to take one compound Podophyllin pill, at bed time as required.

He called on me again, May 6th, and in answer to my inquiries he gave me the following history :

" Twelve years and four months ago a needle was forced into the ball of my left foot, just back of the big toe, and yesterday it came out of my leg, half-way between my knee and hip. Here it is, just as I pulled it out. I suffered no pain that I attributed to the needle after the first shock, which was terrible. About four years after the needle entered my foot, I suffered slightly from pain and weakness of the ankle for one season. After a year and a half more I was troubled with pain and stiffness in the knee for about a

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year. For the past year there has been a slight sore on the leg at the point where the needle came out.

"Before receiving this injury I had always been in robust health, but since that time I have never felt perfectly well and have often suffered pain, though able to attend to my business."

The most singular feature of the case is that a thread was attached to the needle, and accompanied it from the ball of the foot to the middle of the thigh. The needle measures $1\frac{3}{8}$ inches, and the thread $5\frac{1}{2}$ inches in length as it came double from the limb. It seems as if about $\frac{1}{8}$ inch of the point of the needle was broken off. When the needle entered the foot it was driven clear out of sight and the patient did not know that the thread was attached till he pulled it from his leg. The needle and thread were in good state of preservation.

The symptoms complained of when he first consulted me soon disappeared, and he has since reported himself in perfect health. No doubt the irritation of nerve filaments by the needle and thread caused the trouble complained of.

Who can explain the unusual upward direction taken by the needle in its passage through the tissues?

E. M. RIPLEY, M.D.

Unionville, Conn.

CONVENIENT TESTS FOR ALBUMEN IN URINE.

ONE of the simplest tests for albumen in the urine may be made as follows: Place two or four drachms of urine in a test-tube of convenient size—that is, of double the capacity of the quantity of urine used; then add acetic acid, *guttatim*, being careful not to use more than enough to make the urine clearly acid. For the quantity of urine mentioned, from four to eight drops of the acid will suffice. The urine is now to be gently heated and slowly brought to a boil, and if albumen is present a flocculent white matter will be developed in the fluid, in quantity proportional to the amount of albumen present. When the urine comes to the boiling point drop in a few drops of clear, fuming nitric acid. This will bring out the smallest proportion of albumen present, as will be shown by the flocculent appearance of the fluid, which only shows a mere cloudiness when the quantity of albumen present is

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very small. When from 10 to 25 per cent. of albumen is present, mere boiling of the urine previously acidulated with the acetic acid is all that is necessary. This acetic acid is used in the way mentioned, in order to render all the earthy phosphates quite soluble, thus preventing the heat from precipitating them and obscuring the presence of the albumen.

When a very small quantity of albumen is present, a very delicate test is made as follows: Pour into a test-tube half a drachm of pure, colorless, fuming nitric acid. Then hold the tube steadily at an angle of 45°, and let an equal quantity of cold urine trickle into it. The urine being the lighter will naturally rest on the top of the acid, and if albumen is present a stratum will develop, forming a white ring between the two liquids, which will vary in thickness in proportion to the amount of albumen present. The test will be more delicate if the test-tube is set in iced water and allowed to stand for fifteen or twenty minutes. In this way I have detected a mere trace of albumen, which could not have been brought out by the previously mentioned test, and I have seen the ring grow larger after the tube was placed in the iced water.

There are some cases in which albumen is present in the urine that nitric acid will not bring out clearly, while picric acid will do so readily. This test is conducted as follows: Make a saturated solution of picric acid in distilled water, and allow it to stand one hour before using. Pour about three drachms of the suspected urine into the test-tube, and add from two to four drops of muriatic acid (C. P.). Then carefully pour into the test-tube an equal volume of the picric acid solution, being cautious not to mix the fluids. If albumen is present, even in minute quantities, a white ring will form at the junction of the two fluids.

In the absence of chemicals a convenient test for albumen may be made as follows: Make a saturated solution of rock salt, then strain, boil and skim it. When cold add to an ounce of this fluid one drachm of pure hydrochloric acid. The suspected urine should be allowed to cool, when it should be filtered to remove specks and mucus. Then mix equal parts of urine and salt solution in a test tube, and heat slowly to boiling point. Albumen will be brought out if present to the extent of 10 per cent. Though not a very delicate test, we can say in its favor that it has revealed the presence of some form of albumen when more accurate tests have failed.

Albumen in urine is to be taken considerably under judgment,

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and not viewed with an eye full of suspicion at first sight. I know a gentleman in whose urine albumen appears three or four hours after he eats eggs or drinks milk in abundance. When this is the case he has pain in the back in region of the kidneys, he becomes feverish and feels out of sorts. A diet free of animal food and consisting mostly of vegetables, using plenty of water as drink, soon sets him right. I have seen his urine contain fully 50 per cent. of albumen, which rapidly disappeared under proper regimen. There are some cases of albuminuria wherein albumen occurs only in the morning after waking, or at 4 P. M., after dinner at 12 M. This is the case after a hearty meal of beef or other animal food; but poultry does not have such an effect. The patient above referred to is 50 years old and has been in the condition described for ten years to my knowledge. Yet, under careful dieting his health is good and his constitutional powers robust.

I have detected albumen in the urine of typhoid fever patients during the third week, especially when the fever was high and the exacerbations heavy. In one case the albumen in the urine amounted to fully 30 per cent. It is not uncommon to find albumen in the urine during diphtheria. In pneumonia, especially when the pulmonary congestion has been extensive and a large share of lung tissues involved, in which cases respiration is sure to be much disturbed and the amount of oxygen needed to supply tissue respiration in part cut off, albumen will be found in the urine. Such cases are not necessarily bad ones, yet I prefer not to see albuminuria present.

It is a familiar fact to practical men that albuminuria exists in pregnancy, especially when there is œdema. These are not good cases, yet we dare not say they are mostly bad ones. In nearly all such cases the kidneys are in some way out of order, and the cellular tissue that supports the tubules and vessels are more or less œdematous.

In children, during cholera infantum of the acute type, and when bronchitis of the smaller tubes is present, we have more or less albuminuria to deal with.

The treatment of the various forms of albuminuria is a matter of concern, and I believe Eclectic physicians are infinitely more successful here than are their Allopathic neighbors, who have studied the dead kidneys more thoroughly than they have the living sick subject.

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I must reserve for another article what I have to say on the matter of treatment.

JOSEPH ADOLPHUS, M.D.

Atlanta, Ga.

COMPULSORY VACCINATION AND THE ROYAL COMMISSION ON VACCINATION IN ENGLAND.

TO THE EDITOR :—In answer to numerous inquiries for information as to the progress of the Royal Commission appointed by Her Majesty's Government in April, 1889, for the purpose of inquiring into the results of vaccination, I shall be glad if you will allow me space in the MEDICAL TRIBUNE for a few details. During the past twenty years a movement has been developed in England for the repeal of the Vaccination Laws which of late years has assumed the proportions of an insurrection, and in about fifty towns and unions these odious and unpopular laws have been reduced to a dead letter. In Keighley, Yorkshire, with 35,000 inhabitants, the average vaccinations for a number of years has only been about 4 per cent. of the surviving births. In Leicester, the most central town in England, with 140,000 inhabitants, the proportion is about the same, and 96 per cent. of the children are unvaccinated. In the cathedral city of Gloucester the proportion of vaccinated, two years ago, was about 10 per cent., and is now considerably diminished. In all the fifty places threatening notices are systematically served by the vaccination officers upon vaccine recusants, but the threats have no effect. The Boards of Guardians, whose office it is to control vaccination, either refuse to put the law in motion against their conscientious fellow-citizens, or have adopted resolutions in defiance of the obnoxious law, against prosecutions altogether. In some instances magistrates have shown their contempt for the law by refusing to sit on vaccination cases. "What is the cause," I am asked, "of this widespread resistance to the Jennerian process?" Simply this, that vaccination having been thoroughly tried, under the most favorable conditions, has been found wanting. It was claimed by its discoverer, and by those who succeeded in imposing it by force upon the people, that cow-pox was an unfailing preventive of both sporadic and epidemic small-pox, benign in its nature and unattended with danger. The experience of

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nearly a century has demonstrated that well-vaccinated communities have no advantage over those where the rite is not observed, and that vaccination has not had the smallest effect in either preventing or mitigating variolous outbreaks; that a large proportion of small-pox hospital cases have been vaccinated, and that the percentage of deaths to cases is nearly as large now (notwithstanding enormous sums spent in sanitation) as during the last century. Moreover, there is now a considerable body of evidence, both in Switzerland (where most of the cantonal vaccination laws have been abrogated) and in England, to show that the general mortality has been sensibly reduced, particularly from infantile diseases, since vaccination has been rejected.

The government could not submit to continued defeat and defiance, and a Royal Commission of Inquiry, after repeated refusals, has been granted. It is impossible for me, at this writing, to give an idea of the evidence presented, which must be studied in the two official reports already issued, but an excellent summary may be seen in the August issue of the *Vaccination Inquirer and Health Review*, the organ of the London Society for the Abolition of Compulsory Vaccination, 77 Atlantic Road, Brixton, London, which will amply repay perusal by students of public health. The government witnesses, all experts of experience and some of great ability, broke down one after another under the searching cross-examination of Dr. W. J. Collins, Mr. Charles Bradlaugh, M. P., and Mr. I. A. Picton, the member for Leicester. Dr. Gaylor, Medical Superintendent of the Northwestern Fever Hospital, admitted that vaccination afforded "a very fleeting protection," and that he had met with cases of small-pox occurring within two years of successful vaccination, and he confessed himself unable to tell how long the vaccinated were safe from infection. Another government witness, Dr. A. Hopkirk, insisted that re-vaccination had only been obligatory in Germany since 1874, and that the diminution of small-pox in that country was due distinctly to its operation, but was confronted with a copy of a Royal Proclamation on the point of a re-vaccination law dated 1835, in which the King of Prussia says: "I have approved these rules, and now confirm them with an order that they should be obeyed by every one within the whole extent of my dominion under penalty of fine and imprisonment provided." Notwithstanding rigorous vaccination and re-vaccination Prussia had 69,839 cases of fatal small-pox in the great epi-

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demic of 1871-72, and in Germany the fatal small-pox cases exceeded 200,000! Dr. A. Hopkirk was reluctantly obliged to admit the accuracy of the official statistics of Bavaria, quoted by Dr. Chas. Creighton in his remarkable article on vaccination in the 9th edition of the *Encyclopædia Britannica*, from which it appears that of 30,742 cases of small-pox in the epidemic of 1871–72, no less than 29,429 were vaccinated. The two reports of the Royal Commission practically completes the case for vaccination, as the only important official witness yet to be heard is Dr. George Buchanan, whose manifestos have so often been torn to pieces by the crushing logic of facts.

The case against vaccination is opened in the second volume of the report, by the well-known pathologist, Dr. Charles Creighton, formerly demonstrator of anatomy, Cambridge University, who disposes of the claims of the Jennerians by the presentation of facts from unquestioned sources. He demonstrates that there is no analogy between variola and vaccinia, and that cow-pox does not afford the slightest protection against small pox. Dr. Creighton credits the anti-vaccinators with the transcendent importance of their arduous crusade. "They have," he says, "continued the evidence to some purpose; they have knocked the bottom out of a grotesque superstition."

A third report of this important inquiry is in the hands of the government printers, and will be issued during the parliamentary recess. It will contain the statistical case against vaccination by the eminent scientific observer, Dr. Alfred Russel Wallace, the author of Darwinism, and by Mr. Alexander Wheeler, of Darlington; also the evidence of Prof. Edgar M. Crookshank, of the Bacteriological Department, King's College, London, the author of "The History and Pathology of Vaccination," and other witnesses.

WILLIAM TEBB.

Rede Hall, Surrey, England.

MEDICAL ECLECTICISM—THE AMERICAN SYSTEM OF MEDICAL PRACTICE.

IN a recent issue of the *Medical Record*, an Old School journal published in New York, appears an article on Eclecticism. I do not know who the writer is, but the article itself, as a specimen of

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brazen mendacity, colossal impudence and virulent bigotry, probably stands without a parallel in the annals of medical blackguardism.

This modern Ananias starts in by asserting that there are only about one hundred Eclectic physicians in the State of New York, and then proceeds to argue that because the Eclectics are so few, it is not right to grant them a separate State Board of Examiners. Now he must be well aware that there were nearly one hundred physicians present at the last annual meeting of the New York Eclectic Medical Society held in Albany last March, and that those present were simply delegates from Eclectic societies all over the State. *Polk's Medical Directory* gives 450 Eclectics in New York, and there are at least as many more who are not classified. I propose, however, to deal with the principles at issue, and they are not affected at all by the actual numerical strength of the New School as compared with the Old.

The American system of medicine, better known as the Eclectic system, or, as I prefer to call it, the New School, as contradistinguished from the Allopathic or Old School, has several unmistakable principles which distinguish it from the Old School. In the first place, the New School denounced and denounces as a gross fallacy and delusion the idea that venesection, salivation, hypercatharsis, and the use of antimony and lead are conducive to the restoration of health. It claims that depletory treatment of every kind is radically wrong ; that the object of treatment should be always to sustain the vital forces and aid them by simple non-toxic remedies, and by the use of all hygienic measures which experience has proved. Furthermore, and above all, the New School stands for absolute free thought, both in theory and in practice.

The writer in the *Record* is highly incensed at the fact that New School physicians antagonize every form of "Code," and legislative regulation of every shape and kind ; denouncing all such attempts as efforts to create a medical monopoly.

It is pretended by the Old School that their efforts to "regulate" medical practice by statute law are entirely in the interest of the poor deluded "people" who are in such imminent danger of becoming the "victims of quacks and charlatans." That this is a mere pretext for establishing a monopoly of medical practice must be evident to any one who investigates the subject.

The common law on the subject of Malpractice is ample pro-

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tection against incompetence and charlatanism, in fact it is the only protection the public have (aside from their own discrimination): for the statutes requiring the "registration" of physicians and surgeons do not exclude the most grossly ignorant individuals from practising. This is a well-known fact, confirmed by every-day experience.

But, why do the New School physicians oppose medical legislation of every kind? They do so *on principle*, and that principle is so well enunciated by the eminent English philosopher, Herbert Spencer, LL. D., that I cannot do better than quote his own words:

"If, by saying that 'it is the duty of the State to protect the health of its subjects,' it is meant [and it is so meant by the Old School] that the State should interpose between 'quacks' and those who patronize them, or between the druggist and the mechanic who wants a remedy for his cold—if it is meant that, to guard people against empirical treatment, the State should forbid all 'unlicensed' persons from prescribing—then the reply is, that to do so is directly to violate the moral law. Men's rights are infringed by these as much as by other trade interferences. The invalid is at liberty to buy medicine and advice from whomsoever he pleases, the unlicensed practitioner is at liberty to sell to whoever will buy. *On no pretext whatever* can a barrier be set up between them without the law of equal freedom being broken: and least of all may the government, whose office it is to uphold that law, become a transgressor of it.

"Furthermore, health depends on the fulfillment of numerous conditions, and can be 'protected' only by securing that fulfillment. If, then, it is the duty of the State to protect its subjects' health, it is its duty to see that all the conditions of health are fulfilled. To do this, the Legislature must enact a National Dietary; prescribe so many meals a day for each individual; fix the quantity and quality of food and drinks to be taken; determine the hours of sleep and exercise, etc., etc.; and to enforce those regulations it must supply a sufficiency of duly qualified officials empowered to direct every one's domestic arrangements. But if this is not meant—if a universal supervision of private conduct is not meant, then there comes the question, where, between this, and no supervision at all, lies the boundary up to which supervision is a duty? To which question no answer can be given." (See "Social Statistics," page 407.)

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Spencer is absolutely opposed to legislative regulation of medical practice. *Ergo*, according to the writer in the *Record*, he cannot be an "intelligent person," or else he cannot have "studied the subject," for we are assured that "all intelligent persons" who have studied the subject approve of medical legislation. Spencer devotes 28 pages of the above work to this topic. It may not be inappropriate to add that he is a graduate of the Royal College of Physicians and Surgeons.

I think I have said enough to show that the New School can never recede one step from its position, which is founded on common sense, reason, logic and equal rights.

R. V. O'NEILL, M.D.

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THE ELECTRO-CHEMICAL BATH.

THE Electro-Chemical bath, formerly known as Vergne's bath, is one of the most potent agencies for toning the depressed nervous system, eliminating all kinds of mineral poisons from the tissues, relieving vomiting of pregnancy, overcoming the tendency to miscarry, and giving strength and tone to all the female functions. It gives quick relief to those of a bilious habit, stimulates digestion, and the elimination of the accumulated débris from the organs of the entire body, enlivens all the functions and restores healthful vigor of the reproductive organs of both sexes.

In anæmia and chlorosis it is a valuable adjuvant and enables the physician to save many a patient otherwise past cure. In dropsy, the result of valvular disease of the heart, in heart failure and brain anæmia, in albuminuria and diabetes, electricity has proved one of the best therapeutic agents known. In rheumatic diathesis it also has proved successful when other means fail.

In view of the great variety of uses to which the wonderful restorative effects of electricity can be applied, it may not be out of place, or objectionable, for me to briefly describe a very beautiful apparatus, just completed and attached to the bath-room of Mr. A. S. Bryant, Springfield, Mass, under my directions.

This unique and beautiful apparatus was manufactured by Mr. S. H. Bartlet, 205 E. 22d Street, N. Y., and consists of a battery of eighty Leclanché cells, set upon two shelves in the attic, so con-

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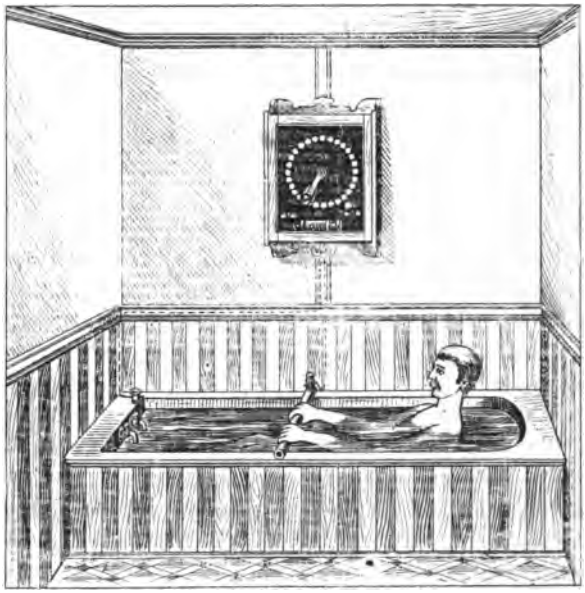
nected and wired as to combine two quart cells in one, making forty half gallon eliminating cells. These are connected by an insulated cable of forty-one covered wires to a very neatly finished switch-board arranged for forty-one points, ranging from 0 to 40 on a (vulcanite) black polished backing with nickeled points and switches to form connection and change the polarity of the currents. It has also primary and secondary faradic coils attached, for use when this form of electricity is desirable. The whole is inclosed in a beautiful cabinet to match the finish of the bath-room, and placed upon the wall at the head of the bath, and con-



nected by cable as before spoken of, to each two elements of the eighty-cell battery, making a strong chemical galvanic current.

The cathode is attached by thumb-screws to the bath-tub while the anode is attached to the holder, upon which the hands of the person rest while in the bath.

This makes a beautiful attachment to the bath-room, and is a luxury very few, even of the wealthy, have enjoyed. It is one of the most pleasant, effective and restorative devices ever to be had with the home.

The principle of the bath is that of electrolysis and of elimina-

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tion, as well as the introduction of certain kinds of medicine into the system, when the digestive organs are too sensitive to receive and assimilate them.

An electro positive bath is when the negative pole of the battery is attached to the bath-tub, and the positive pole to the holder-on which the hands of the immersed person rest.

An electro negative bath is when the positive pole of the battery is attached to the bath-tub and the negative to the holder, on which the hands of the bather rest.

The water is rendered a conductor and the medicine must be an electro positive or negative, as the case may be, according to the direction of the current of electricity. The pole changer is used to change the direction of the current without changing the wires as with all other cabinet batteries.

The electro motor force of this effective battery is so nicely graded and so easily manipulated that it can be used for those of all ages and conditions, from the youngest to the oldest, the feeblest to the strongest, with the greatest facility, and when used under the direction of one who understands electro therapeutics as at present taught and practised by the best and most advanced practitioners of the Eclectic school becomes a most powerful aid in relieving and curing many obstinate and otherwise incurable cases.

For example, Mrs. ———, age seventy, came to me about three years ago with valvular disease of the heart, general anasarca, excessive albuminuria (diagnosed by her former physician as Bright's disease in its last stage), heart and brain failure and threatened general collapse, which must soon have resulted in death had not relief been obtained. In this condition I was asked to try and do something to prolong life. The heart was acting very feebly, and disease of the mitral and semilunar valves was very marked. The heart labored with its characteristic thud and marked regurgitation. The whole body was enormously swollen, the abdomen tense and hard, the limbs and feet about three times their normal size. The liver and kidneys were inactive, the urine contained about 25 per cent. of albumen, the skin of the back and chest was ecchimosed, and the limbs were of a pallid, glassy whiteness.

Medication was commenced to fulfil the indications required and relieve the urgent symptoms. Electric baths, eliminating and tonic, were commenced and given twice a week at first, but soon increased to thrice each week as the strength returned. Before

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the first ten were taken, she could ride and walk about with an attendant, before the second ten were finished she could do her own shopping, and soon returned home able to superintend her own house and walk wherever she desired to go. She continued to improve until the bloating was entirely gone, and the albumen eliminated; and she has been and is now in ordinary good health. So efficacious did she find the baths that she had them arranged in her own home, and continues to use them twice a week except when enjoying her summer outing.

Miss ———, age sixteen, was chloro-anæmic, with skin bloodless, white and pallid; urine clear and white, alkaline in reaction with scanty saccharine deposits, and frequent and abundant flow. She also had chlorotic convulsions frequently, sometimes every day, sometimes two in a day, and requiring a constant attendant.

She commenced taking tonic and sedative electric baths, two or three each week as was considered desirable. She improved rapidly, and continued to gain in health and strength till completely well and hearty. No other medicine, save a saline cathartic was administered, and she supports herself by her daily toil.

Miss ———, age twenty two, suffered with keratitis of both eyes, opacity so nearly covering the pupils as to require the patient to be led about by an attendant. The most celebrated oculists declared she would never regain sight, but would become totally blind. An eliminating tonic and electric eye baths were arranged, the membranes were gradually absorbed, and perfect sight restored, which remains in good condition to the present time, she being for the most part employed in sewing upon black fabrics.

These cases from very many others are briefly related as typical, showing the remarkable restorative and eliminative features of these baths, which for many years were kept secret by "Vergne," and afforded him a good living until both himself and assistants passed away. The secret now belongs to the profession and is worthy of consideration.

No greater restorative for the tired, exhausted and worn-out nerve and brain force has as yet been devised.

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—LEAD has been easily detected by Pouchet in the saliva of persons suffering from lead-poisoning, but no trace was discovered of arsenic in the case of patients under arsenical treatment.

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ANAL FISTULA.

CASES of fistula in ano gave me much anxiety in my early practice, but of late years I have been more successful in their treatment. In fact, we can almost invariably prevent their development by the prompt treatment of the anal abscesses that give rise to them. An early and free incision into such abscesses should always be insisted upon, and then the opening should be kept free while the cavity is treated antiseptically till it coalesces.

It usually happens, however, that the fistula has fully formed and is of long standing when the surgeon is consulted. In such cases an operation for a radical cure should be performed without delay. The method I employ can be best described by the following case :

A gentleman who had suffered for some time with an incomplete external fistula, submitted to the Brinkerhoff treatment on the promise of a cure without the use of the knife. The fistula was injected and an active inflammation was set up, which closed the fistulous canal and caused extensive suppuration of the surrounding tissues. I was called to see the case at this time, and was obliged to make several free openings with my bistoury to give vent to the pus. This afforded immense relief. As soon as inflammatory symptoms subsided I made a careful examination, and found the perineal tissues completely honey-combed. One opening extended up along the gut for about three inches, and turned upon itself above so as to form a pus pocket.

To prepare my patient for the operation, I gave a large dose of castor oil two nights in succession. The third night I gave an opiate to astringe the bowel, and the next morning I thoroughly emptied the rectum by an enema, after which I was prepared to operate. I was assisted by Drs. Grover and Ellerson, who attended to administering the chloroform.

After removing the hair and cleansing the parts with an antiseptic wash, I introduced a sponge into the rectum to prevent any interference from fœcal discharges. As a matter of safety I introduced a sound into the bladder as a guide. I now laid open the several cavities, and dissected away the pyogenic membrane and all diseased tissue. The two sides of the perineum were thus opened so as to present a large ragged-edged cavity, but there was

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no opening into the bowel. I next trimmed off the ragged-edges, so that when pressed together the parts could be brought nicely into juxtaposition. Having been bothered with considerable hemorrhage I now twisted the bleeding vessels and ligated two that seemed to bleed persistently. I now introduced two deep wire sutures, and closed the rent, exactly as in a lacerated female perineum. Before drawing the parts together with the sutures I introduced a drainage tube which I removed after twenty-four hours.

The parts healed kindly and the sutures were removed after ten days. A month later all irritation had disappeared and the patient was discharged entirely cured.

Prior to the operation, the gentleman's health had suffered greatly, and it was feared that consumption was developing. Before discharging him his appetite was restored, and he was gaining in health and strength every day. Since then he is strong and well, and the case can certainly be called a radical cure.

When the fistula is complete, I connect the fistulous opening with the rectum and dissect away the pyogenic membrane; then I close the parts with the deep sutures as before described.

Of course the bowels must not be allowed to move for several days, in any case, and then care must be taken to liquify the passages by enemas and the internal use of magnesia.

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HEREDITARY SYPHILIS: A CASE IN PRACTICE.

THE patient in this instance was a married lady, thirty years of age. She was affected with inherited syphilis, which during two years previously had manifested itself in the form of ulcers upon the leg. She had been under the treatment of four Allopathic doctors during the currency of the attack, without any alleviation being effected by their agency; on the contrary, they eventually agreed that there was no possibility of doing any good, and that the only remaining course was that of amputating the limb. This extreme measure was strenuously opposed by the patient, who was aware of the hereditary taint from which she suffered, and, connecting with it the prevalence of psoriasis upon her hands and

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face, inferred that the removal of the diseased member might in all probability be followed by a recurrence of the affection in some other part of the system.

It was under these circumstances that she resolved upon placing herself under my care. My notes, taken at the time, show that she was then in a very low state, and her leg was literally covered from the knee to the ankle with fungoid ulcers of a very bad type. After listening to the previous history of the case, I thought that latent dangers of the inherited taint had probably been developed by the presence of impurities in the system, and therefore resolved to try the effect of a herbal alterative with the addition of iodide of ammonia, internally, ordering at the same time, for external application, a poultice of slippery elm, to be worn overnight, alternating it in the daytime with a lotion of lime water 16 ozs., tinct. catechu, 4 ozs., to be laid on with lint under a covering of oiled silk.

This treatment proved so far efficacious that the bulk of the ulceration was subdued, and only a single speck remained. Afterwards, however, the disorder again began to spread around this point, and I then discontinued the lotion, and replaced it by a strong decoction of aloes and water. This had the desired effect and in a short time a complete cure was the result.

There is a further history to this case, as follows: The lady, some two months later on, met with an accident, by which a portion of skin was removed from the instep, and a severe inflammation was produced. She consulted me again, and I resorted to the former treatment, but without being able to conquer an obstinate determination to ulcerated fungus sores, which now began to attack the whole upper portion of the foot. It then occurred to me that there might be something in the nature of this outbreak which was rendering the liquid application a means of promoting superficial infection more rapidly than the curative effects could make themselves felt, and, becoming convinced from further observation that the moisture was the cause of the difficulty, I made up my mind to give a dry dressing consisting of the carbonate of bismuth. This I applied to each sore separately, enveloping the whole with dry lint. The outcome was satisfactory in every respect, as the pain and inconvenience were instantly relieved. The bismuth formed scabs, which fell away as the ulcers healed up underneath, and in six weeks the foot was perfectly well. Since

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that time there have been no symptoms of any return of the trouble, and there seems every reason to believe that a thorough eradication of the morbid tendency has been accomplished.

JOHN BROADBENT, M.D.

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ECLECTICS.

TO THE EDITOR: I have read with much interest the very able article on "Eclecticism in Medicine: its Essentials and Ethics," published in the MEDICAL TRIBUNE of May 15th, and I fully endorse all the writer has said on the subject, wondering in my own mind how any one professing to be an Eclectic can see things in a different light, since the general standpoint is the same. *Yet they do;* and there are some who boast of being foremost in our school, and claim that we are absolutely without a code of ethics that is either practical or binding, nothing that can be taught in our own schools; and they sadly revert to the advantages which the so-called Regulars derive from their code, lamenting our poverty in not possessing a published manifestation of our intolerance, bigotry and lack of moral development; for that is what it amounts to.

This class of persons see nothing outside of their preconceived opinions that is worthy of consideration, or that should be tolerated for a moment. And while their perceptive faculties may be good, they are exercised in the line of a narrow individuality, and greater truths beyond the border of that line remain unseen, and therefore unknown. These are they who have a "Stand aside, I am holier than thou" air, and criticise and condemn those who honestly differ from them; who manfully hound and torture a woman, who enters the same profession, simply because she *is* a woman, and do not believe that she is capable of pursuing an honorable practice of medicine. They fully believe that the different arrangement of the organs in the pelvis adds to the mental and moral status of man, endows him with superior abilities, and clothes him with rights which do not belong to woman; and they regard her as an inferior being in every sense of the word, and claim that her presence as a teacher in a medical college is a financial detriment, since it would prevent the better class of male students from entering such institution of learning.

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Are these persons entitled to be called Eclectics? I trow not. They need the prayers and best endeavor of advanced minds to lead them to a higher growth, intellectually and morally. Small, indeed, must be the stature of an individual who draws a line around himself and deems all persons outside that limit in a false position. No two can occupy the same place at the identical moment, or hold precisely the same views, and this endless variety constitutes the element of progress. The clashing of opinions moves the world forward continually; and who knows, after all, but the bigoted, egotistical physician, who stands sorely in need of a code of ethics to keep him in proper conduct toward his fellows, may by the force of contrast *drive* the world ahead through its striving to avoid his condition. Verily, all things have their uses, and we must exercise as much charity toward *them* as we desire those to manifest toward *us*, who occupy a position in advance of our own. So we leave them with the elements of growth and education about them, believing that all will yet be well.

LAURA L. RANDOLPH, M.D.

Chicago, Ill.

TREATMENT OF SYPHILIS.

WHEN in London some years ago I had the pleasure of being an assistant to Mr. Jonathan Hutchinson for a number of months. At that time he was engaged in battling the idea of most surgeons and authorities upon the non-curability of syphilis. When he announced one day in a clinical lecture that he believed syphilis could be aborted, and the day would come when practitioners would stir themselves in the early stages and cure their patients, it met with cold reception, and some men even left the room, perhaps, fearing to have another idol shattered by advancing thought. So true were Mr. Hutchinson's predictions that I feel as though every medical man should be versed in his opinions and ideas, showing how many years he is in advance of that great Viennese School of Syphilographers represented by Kadosi, Neumann, Zeissl, Seigmond, Auspitz and their followers.

"The treatment of syphilis has been reduced in recent years to the judicious use of two *specifics* [italics mine, but used to show that syphilis in the opinion of Mr. Hutchinson is an absolutely

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curable disease]. When we have constructed sound rules for the iodide of potassium and mercury our task is done. It is precisely in the cases in which mercury either fails to cure or definitely disagrees that the iodide is efficient. In the early stages of syphilis the iodide of potassium is comparatively powerless and mercury should be used. Thus the induration of the primary sore will resist the iodides but melt away at once when mercury is given, so also of the secondary phenomena, all of which, except perhaps the sore throat and sores in the mouth, are best treated by mercury. The longer the period since the primary symptoms, the greater the probability that the iodides will prove efficient. Thus against all forms of tertiary gummata, whether in muscles, in cellular tissue or in glands, the influence of the iodides is usually shown in the most rapid and definite manner. Nor does the precise stage of the gumma make much difference, for the power of the drug is shown as great against an open ulcer as against a deeply placed infiltration. This action of iodide is considered invaluable, in those cases where mercury is not to be tolerated, a fact abundantly proved by the intractability of tertiary syphilis, in the times before the iodide was known. In the past ten years mercury has gained in adherents and iodide somewhat lost, *but everything depends upon the dose* [Italics mine. N.). Mercury, if given in small enough doses, acts as a tonic, and careful observations have proved that not only does it favor depuration by the glandular system, but that it actually increases the number of red corpuscles in the blood. I have often known patients cured in the most definite manner by doses of less than one grain. In France the iodides of mercury are very popular, they are undoubtedly efficient, but are more irregular in action, and more liable to gripe and purge and even to salivate. All that is needful is that mercury shall be got into the blood and brought into contact with the tissue. Perhaps in this respect we should give the palm to those methods [inunction and fumigation] which introduce the drug by absorption through the skin. I may here avow that, after plentiful opportunities for observation of different methods, I have adopted the practice of keeping the skin method in reserve for exceptional cases, and under all ordinary circumstances I administer by the mouth. One simple rule appears to be the key to success. It is to give small doses more or less frequently repeated, and never large ones.

"Hydrargyrum cum creta is, perhaps, the most constant and least

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variable of all preparations. It may be made into pills of one grain in combination with one grain of Dover's powder if necessary, and of these the patient may take one every six, four, three or even two hours, according to circumstances. Usually one pill four times a day will suffice to clear away a chancre or a secondary eruption as rapidly as can be wished. In some cases it may be more convenient to double the dose than to increase its frequency of administration, but the latter if the patient is willing, is the better plan. If ptyalism should occur with such doses, it will certainly be mild and easily controlled. As a rule all the symptoms of syphilis may be got rid of without any affection of the gums.

"During a mercurial course, fruit, green vegetables, coffee, all aperients and for the most part all stimulants, are forbidden. The patient should wash his teeth and gums twice a day and he should not smoke. All irritation of the mouth by smoking increases the risk of mucous patches and tends to make the sores in the throat more difficult to cure. [In some forms of chronic specific laryngitis it is impossible to heal the parts until tobacco is absolutely out of the system. N.] The reason for abstinence from coffee, etc., is the risk of their causing diarrhœa. In regard to ptyalism it certainly should be avoided. If mercury is given for an indurated chancre in the manner indicated, it may probably require about a month to get rid of all hardness. *If it is begun before any secondary symptoms have shown themselves, it is very common for them not to appear at all or at most only in the very slightest form.*" [Italics mine. N.]

Sores in the throat are the phenomena least omitted, though it is quite the rule for the skin to escape. No statistics are available to prove relative frequency of relapses by different methods of treatment, but certainly the earlier treatment has been began and persevered in the lighter are the symptoms, and the less frequent the appearance of the tertiary phenomena. After what has just been said it is impossible to lay down any inflexible rules of anti-syphilitic treatment. It depends greatly upon the method employed and the effects produced. "If the case be one of primary or early secondary syphilis and the treatment adopted be that of small doses of mercury without ptyalism, a six months' course will probably be sufficient. During the last four of this period, the patient may probably have been quite free from symptoms." If the patient be married or contemplates marriage it will be wise to continue mercury for a much longer course, on the small dose system; there

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seems but little reason for ever suspending it until it seems wise to wholly desist. In cases of pregnancy in which it is desired to protect the fœtus, administer one grain of grey powder three times a day during the whole period of pregnancy. "If, then we assert that there is neither proof or reasonable probability that syphilis can descend to the third generation, what are we to say as to possible transmission still more remotely? I wholly disbelieve it. The suggestion that such maladies as scrofula, common lupus, and some other chronic diseases have their root in hereditary syphilis is, I believe a baseless and improbable supposition."

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NOTE.—Though Dr. Newton's article shows a marked improvement on the old methods of treating syphilis, we cannot agree with him and Dr. Hutchinson regarding the value of mercury in the early stages of the disease. After twenty-four years of close observation we are convinced that a non-mercurial course of treatment is followed by the best results in all stages of syphilis. We will give our views fully in a future issue.—[ED.]

RECENT PROGRESS IN MEDICINE.*

The Treatment of Local and General Peritonitis.—Dr. W. E. B. Davis of Birmingham, from a study of the experiments of Pawlousky, Grawitz, Wegner, and others, thinks the following points fairly established:

1. Simple peritonitis, when caused by a sufficient quantity of a chemical irritant, will produce death by the extent of the inflammation; 2. Simple inflammation may end in septic peritonitis by producing a weakened condition of the walls of the intestines, which permits the passage of septic germs from the intestinal canal into the peritoneal cavity; 3. While pathological germs in small quantities may be absorbed by the healthy peritoneum without producing peritonitis, the same quantity combined with a chemical irritant may produce a violent inflammation, the irritant having prevented the absorption of the germs and caused the exudation of a nutrient fluid for their multiplication; 4. Large quantities of septic fluids and microbes always produce suppurative peritonitis; yet a small quantity of either may be absorbed and destroyed, unless the peritoneum has been weakened by antecedent pathological changes;

*A Monthly Abstract of Medical Progress. Edited by ROBERT SAFFORD NEWTON, M.D.

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5. A septic fluid may gravitate into dependent parts of the peritoneum, and become shut up, either by plastic inflammation or by a coil of intestine, and thus be prevented from producing diffuse peritonitis, but after a time this may rupture and produce death from general peritonitis; 6. The germs of septic peritonitis will be found in the kidneys and other organs of the body, and in greater quantities, according to the extent and duration of the inflammation; 7. The condition of the peritoneum and the nature and quantity of the septic product will determine the rapidity of the inflammation, which usually ends in from forty-eight hours to six days, but death may be produced by shock in a few hours.

From a consideration of the foregoing principles, Davis believes the following indications for treatment must be arrived at:

1. Promote absorption of the inflammatory products of simple peritonitis as rapidly as possible, and thus relieve the inflammation and prevent the possibility of septic peritonitis; 2. In the early stage of peritonitis, whether simple or septic, where the cause cannot be determined, hasten the absorption of inflammatory products, etc., with purgatives; 3. When medical treatment fails to give relief, septic fluids should be removed by operative procedure; 4. In localized peritonitis—with circumscribed pus formation—the pus should be removed and the abscess cavity drained; 5. In acute septic peritonitis, operative procedure must be adopted early, or there will be no chance of recovery offered by the operation, as the inflammation will become more extensive the longer it continues, and also there will be so great a quantity of septic germs absorbed into the system that death will result from toxæmia, even though the local inflammation should be remedied by a late operation.—*Atlanta Medical and Surgical Journal*, May, 1890.

Barbers' Brushes and Contagion.—"The frequency with which the contagion of parasitic sycosis has been traced to its source in a barber's shop is almost characteristic of the disease. In our issue dated February 15th attention has once more been directed to this point in a note on four cases, all of which appear to have owed their origin to the attentions of one particular operator. The writer, probably with justice, attributes the transference of the infective germs in these cases to the use of unclean brushes and a common soap supply. He suggests that the former evil should be obviated by immersing the brush after each time of use in boiling water. As regards the soap, a safeguard already exists in the practice

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now common among hairdressers, of using for each client a separate portion of soap-cream, thus avoiding all danger of intermixture. The suggestion respecting the brush is well worthy the attention of barbers, and we might add a further injunction that the water be not only boiling, but fortified in its cleansing property by some simple antiseptic. It is taken for granted that the razor, being both easily and regularly cleaned, is rarely, if ever, a medium of infection. The uncomfortable owner of a sycosis eruption will grant his emphatic assent to the ancient saying which lauds prevention more than cure. Since, moreover, as stated in the paper to which we have already alluded, an occasional razor cut may occasion the transference of more serious diseases by the mixture of blood with soapsuds, every cleanly precaution becomes the more imperative."—*Lancet.*

Electricity in Phthisis.—Dr. Libermann, of Strasburg, proposes a new treatment of phthisis pulmonalis, based upon some entirely original views concerning the etiology of this disease. At one of the Congresses for the Advancement of Science, a few years since, the treatment of phthisis by electricity was brought forward, and since then several experimenters have continued their researches; some having in view the catalytic action of the galvanic current, and more particularly the utilization of its influence over the vasomotors; others employing static electricity as electric baths, or as a generator of ozone for inhalation. Dr. Libermann employs the continuous current, but upon totally different theoretical grounds. He maintains that pulmonary phthisis is due to a lesion of the pneumogastric nerves, caused by a cold in predisposed subjects. According to Dr. Libermann, the first stage of the disease, that of congestion of the pneumogastric, is always accompanied by paralysis of one or both vocal cords. In the second period, miliary granulations appear in the larynx, lungs, and elsewhere. With the third stage, that of proliferation of the connective tissue of the affected nerves, some dyspnœa and hemoptysis. The last stage of phthisis corresponds to the destruction of the myeline from fatty degeneration. Of course Dr. Libermann denies the specificity of the bacillus, which, he says, may be found in simple bronchitis and in catarrhal pneumonia. During the first period described, and which is evinced by changes in the vocal cord or cords, and pain upon pressure of the pneumogastric nerves, even when there has been hemoptysis and an inherited tendency to con-

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sumption exists, the galvanic current is a treatment of great promise. The positive pole is placed about half an inch above the clavicle, on the inner edge of the sterno-mastoid, over the painful nerve; the negative, over the nerve just below the inferior maxilla. The current should not exceed five or six milliamperes or last more than five minutes. If both cords are affected, both nerves should be treated, with an interval of ten minutes between the applications. The voltaization, says Dr. Libermann, should be practiced twice a day. In the course of a fortnight the changes in the voice disappear, as also the hemoptysis. The vocal cords recover their tonicity, which is an evidence of the restoration to the normal of the pneumogastrics. In more advanced cases, cod-liver oil with creosote and phosphate of lime are given, and hemoptysis is checked by perchloride of iron spray. The hemoptysis, the cough, and the night sweats are also treated by short douches of hot water, followed by a short, cold shower-bath.—*London Lancet.*

The Ætiology of Peritonitis.—Fränkel has recently published in the *Centralblatt für Gynäk.* his observations in fifteen cases of peritonitis. In all the purulent cases he found *spaltpilze* or *schizomycetes* (a class of unicellular organisms allied to the algæ. They multiply by transverse division and also in some cases by formation of spores. This class includes, bacillus micrococcus, spirillum, etc. R. S. N.). While many varieties of micro-organisms were found a special form of streptococcus was in all cases but one. After the peritoneum has been infected by the micro-organisms which excite the inflammation, the morbid process proceeds rapidly to its end. The streptococcus found he considers identical with that of erysipelas. The other varieties of bacilli found had the property of destroying certain albuminoid bodies, many of them also producing toxic substances which even after the death of the bacteria were very virulent to the organisms of animals. He found that cultures of these streptococcus which had been subjected to a high temperature were harmless.

Pilocarpine in Jaundice.—Witkowski considers pilocarpine almost a specific for jaundice, and if the disease lasts beyond fifteen days after treatment a malignant growth may be suspected. He administers the drug hypodermically once or twice a day, according to the severity of symptoms, using one-sixth grain for each injection. Witkowski has succeeded in over thirty cases, and only failed when malignant disease existed.—*Gaz. Therapeut,* June, '90.

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Tubercular Meningitis in Children. Diagnosis.—Four symptoms when existing together are convincing; viz., persistent vomiting, irregular pulse, irregular breathing, and apathy. The vomiting is apt to be marked when the meninges of the base of the brain are the seat of the tubercular deposit. If the tubercular deposit is not marked in this region, the vomiting is apt to be less pronounced, or absent. Distinction should be made between the cerebral type of vomiting which is projectile and not accompanied by nausea, and that which is merely reflex or of gastric origin.

R. S. N.

Treatment of Malaria.—In the Philadelphia Hospital, malarial attacks are treated with sulphate of quinine 20 grains a day, with pilocarpine muriate (gr. $\frac{1}{6}$) at the onset of the paroxysm. The latter shortens or even arrests the chill and fever, and hastens and promotes sweating. Spirit of chloroform, in doses of a drachm, is also sometimes used to abort a chill. In the Pennsylvania Hospital, a hypodermic injection of morphine is sometimes given at the time for the onset of the chill or even before it is experienced, with the result of preventing its appearance. The enlargement of the spleen is treated with ergot and Fowler's solution, and ointment of the biniodide of mercury externally. At the Medico-Chirurgical Hospital, hydrochlorate of quinine is preferred, and strong coffee used to abort the paroxysm. Inasmuch as the liver is often clogged with pigment, the treatment should commence with a mercurial purge, such as compound cathartic pills, or calomel and jalap. After this has acted, the quinine will be more effective.

Asthma.—In the Polyclinic Hospital of Philadelphia, Dr. Thos. J. Mays uses hypodermic injections of strychnine and atropine in asthma (1), to alleviate the attack and (2) to prevent its recurrence. He begins with $\frac{1}{60}$ grain of strychnine, and $\frac{1}{100}$ grain atropine daily, gradually increasing them to $\frac{1}{30}$ gr. and $\frac{1}{100}$ respectively. Due attention should be paid to diet and general hygienic treatment. He considers this a valuable addition to asthmatic therapeutics.

Appendicitis.—Dr. F. W. Murray presented a young man whose case had been diagnosticated by a dispensary physician as perityphlitic abscess. The patient had come to St. Luke's Hospital, where a similar diagnosis was made. An operation was urged, but declined; on the following day the patient had changed his

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mind, and his abdomen was opened by an incision three inches in length on the outer side of the right rectus muscle. The abdominal tissues were found matted together and thickened. The abscess wall was opened and a quantity of very fœtid pus was discharged. The inner wall of the abscess, which was intra-peritoneal, was formed by a coil of intestine. A smaller cavity was found, from which a fæcal concretion was extracted. It was also seen that the end of the appendix had sloughed away. A counter-opening was made in the loin above the ilium, through which a large drainage-tube was passed into the abscess cavity, which was then packed with gauze. The general peritoneal cavity was washed out and a glass drainage-tube was inserted and secured in the lower angle of the abdominal wound. Iodoform gauze and two sutures were used in closing the wound. The patient had done very well. In three weeks he was out of bed. Now he was perfectly well and had gone back to work. The speaker was rather glad he had made the error of making the incision somewhat too far outside the muscle; but for this he might have opened directly into the abscess and thereby enhanced the danger of infection of the peritoneal cavity. Another point of note was the good condition of the patient, considering the state of things, and it went to show that it was impossible to predict exactly what would be found until the dissection was made.—*N. Y. Med. Jour.*, Aug. 23, 1890.

A New and Rapid Test for Sugar.—At a meeting of the Austrian Surgical Society last week, Professor Nothnagel showed a handy test for sugar, which had been forwarded to him by Dr. Becker, of Cairo. It is simply a visiting card saturated with a solution of potash, over part of which is drawn a covering of the sulphate of copper, and the urine applied. The card is then laid on the globe of a lamp, when the saccharine urine will color the card brown, and this color will be deeper the greater the amount of sugar.—*British and Colonial Druggist.*

Premonitory Symptoms of Phthisis.—M. Réne Serrand has just published a work in which, among other questions relating to tuberculosis, he has made a special study of the first symptoms of phthisis, he says:

In patients doomed to pulmonary phthisis there always exist very clear and decided pharyngo-laryngeal signs, which precede for some time the pulmonary symptoms.

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These signs are three in number:

1. Pharyngeal anæmia. The pharanx is pale, white, disordered, in place of having its normal color.

2. Impaired action of the inferior vocal chords through atony of the constrictors.

Local congestion of the arytenoid and interior arytenoid mucous membrane, manifesting itself in swelling and a cherry-red inflammation of the locality.

These three signs may exist simultaneously or alone. The presence of even one is a strong indication of approaching pulmonary tuberculosis; whenever a physician finds all three present, this prognosis is certain.

Pharyngeal anæmia, impairment of the vocal chords, and congestion of the arytenoid region, symptoms which have nothing in common with laryngeal phthisis, are the heralds of pulmonary consumption. The physician who knows how to read the larynx of his patient can avoid a great many missteps, for, warned of the danger ahead, he can institute a prophylactic treatment, and arrest phthisis in its first stage.

—BIRDS are furnished with a natural substitute for spectacles. They have the power of contracting the eye, making it more convex so as to see the specks which float in the atmosphere and catch them for food; and also of flattening the eye to see at a great distance, and observe whether any vulture or other enemy is threatening to destroy them. They have likewise a suitable covering which they can draw over the eye at will to protect them from the injuries incident to a rapid flight, and an air bag which they can contract when they wish to come down and expand when they wish to rise up.—*Lectures of Prof. Mapes*, 1846.

—REFERRING to exclusive rights awarded by law to physicians as a class belonging to what is called "the Regular School," Count Zedtwitz says: "Only by the most resolute resistance will legislators be brought to realize into what frightful injustice and inhumanity they have suffered themselves to be betrayed by a domineering trades' union, which, though it lives upon the diseases of mankind, has yet, with comical simplicity, been constituted guardian of the public health; 'the goat,' to use a German proverb, being thus appointed head gardener."

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Editor's Table.

THE DOCTORS' CRUSADE IN PENNSYLVANIA.

THE Medical law at present in force in Pennsylvania, which provides for the Registration of Physicians, has not proved to be sufficiently hide-bound and arbitrary to suit the individuals who aim to place medical practice in that State absolutely in the hands of a partisan and political medical oligarchy. Yet there were reasonable grounds to apprehend that this law was in direct contravention of the Constitution, which formerly assured to citizens of one State the rights of citizens in another, inasmuch as it requires the diplomas granted by colleges in sister States to be indorsed by colleges in Pennsylvania before the holders can engage in the legitimate pursuit of their calling as physicians. The Medical Colleges one and all, enforced the statute as a private law for their benefit, thus enabling them to exclude physicians from practice who had graduated in other States.

The law has this sinister clause: "The Faculty (of a medical college or university) *being satisfied* as to the qualifications of the applicant and the genuineness of the diploma." Of course no jurisdiction this side of the bottomless pit can compel men to be "satisfied," who are determined not to be. The term is a slippery one and slippery men use it as a sanction for refusing to obey the obvious intention of a statute.

So distrustful, however, have the judicial authorities been of the validity of the measure, that it became almost a dead letter. It did not help the college monopoly as was expected, and the average Old-School practitioners, who hoped to get rid of competition from abler men, were sadly disappointed.

Perhaps no more inveterate exclusiveness in medicine exists anywhere than in Pennsylvania. General Jackson is said to receive votes there yet for President; and many other of these medical men seem yet to believe with Parson Jasper that "the sun do move." Like the tailors of Tooley Street, they consider themselves "the whole kingdom."

Two years ago they decreed that the Legislature should pass a bill to create a State Board of Medical Examiners. In this board

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the Old School should be supreme. The two-horned dragon of the Book of Revelations was represented and personified by them and his edict was duly set forth.

The Medical conflict of 1888 was opened at Harrisburgh with trumpets and drums, and poor Homœopaths and recalcitrant Eclectics, called upon to receive the mark of "regulars," or assume the name of the Beast, or else to suffer the penalties of the law. The House of Representatives was awake to the exigency. It amended the Medical Bill so that no school of medicine should have a majority in the proposed board, added a woman doctor; and also came near providing for a veterinary surgeon, so as to assure "horse-sense" to the affair. Of course when the manipulators of the measure found that they could not have the absolute control, they did not desire any State Board, and so took steps to kill the measure.

The State Medical Society has not, however, yielded its purpose. The plan has been adopted to secure a majority in the Legislature about to be elected. Every candidate is to be privately interrogated on the subject, and pledged. A Legislative Committee has been summoned consisting of the presidents of all the county medical societies in the State.

"By enlisting the interests of the presidents of the county societies, the State Society believes that it has hit the nail squarely on the head. Every one of these gentlemen being a leading physician of his county and a man of wide influence, it is believed that when he tells the Representative of his district what the people, speaking through the Medical Fraternity, want done, the desired legislation will be speedily brought about."

Aye! "the people speaking through the Medical Fraternity." It may be well even at this late day, when constitutional guarantees are melting away in this country, to consider also, what the people who do not speak through that close corporation that calls itself the "Medical Fraternity," do *not* want done. The follies of a Legislature can overturn the politics of a State. The people can revolt. It is not proper to arm one body of citizens to operate the laws to the detriment or injury of another, equally worthy.

This committee of presidents of county societies, is composed of fifty-one bigoted doctors. The friends of medical freedom in the several counties of Pennsylvania, should ascertain their names

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and watch their action. The list is too long for publication here, but we will send a copy to any one who wishes it.

Many of these, Secretary W. B. Atkinson says, have assured him that they were willing to devote not only their time, *but also* their money to the proposed law. This looks like a bid for the Harrisburgh lobby.

Dr. Atkinson wants a *régime* like that of Prussia, which, as every one knows, is little less than an Asiatic despotism. "*We* want a law giving us a State Board of Medical Examiners," says he, "so as to interfere with trash we see everywhere around us."

Having failed with the college censorship he demands that the whole matter shall be placed in the hands of men of his own stamp, who will not only be domineering and arrogant, but absolutely unscrupulous as to the means they employ.

This is the issue before the people of Pennsylvania at the coming election. The strife of political parties pales into insignificance, in the presence of a conspiracy like this. It is a question of Old-World barbarism against American civilization and government deriving just powers from the consent of the governed. Steadily we have watched this matter since the first concocting of the conspiracy some twenty years ago. We have seen State after State surrender; we have again and again witnessed moral defection in men in this matter. But for such defection half the States would have preserved their constitutional freedom; so we hold them accountable for such betrayal. Whether Pennsylvania, whose Eclectics and Homœopaths have heretofore been able to secure protection behind the ægis of the Keystone Commonwealth, will now be able to hold out, a few more months will determine. God and the right are with them, and we can hardly believe that they will go down, even under the combined Old-School forces and the corrupt money power which is to be employed for the purpose.

There may yet be a Tell among the mountains who may yet have an arrow in his quiver for the heart of the tyrant.

WOMEN PHYSICIANS.

We clip the following from a recent number of the *New England Medical Monthly*:

"Here in New England, where most fads find their birth-place,

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woman doctors sprang into existence by hundreds, and few towns, even among the smaller ones, were without several representatives. They opened offices, went into society, joined churches, set up nice carriages, and otherwise conducted themselves as their *confrères* of the male sex had been doing from time immemorial.

"Here and there they obtained a fair amount of business, and in isolated cases made a living. But as time went on, and the natural instinct of womanhood revealed itself, the new calling was found to be inconsistent therewith—to demand an amount of sacrifice of what, in all ages, has made women lovable, that few had strength to keep up.

"Besides, and here lay the sting, it was soon found that their sisters, other women, persistently declined to employ their services. These, not unnaturally, clung to the idea that men, by virtue of that tenderness implanted in the bosom of all true men for women, would be certain to do better for them than one of their own sex, and would, to a greater degree, refrain from talking about them outside the sick room. Knowing their own physical inferiority, as well as the vast demand for physical strength that the medical profession enforces, they preferred a doctor on whose reserve force they could rely in case of need. So the women doctors lost ground in that direction, and failed to gain it in others, until they gave it up as a losing game, and went their ways into more congenial pursuits.

"To-day it is a fact that there are not a score of medical women who are making a decent living in all New England, and these, one-half at least, are either non-graduates, or from irregular schools.

"A few swallows do not make a summer, and because the decade has turned out four or five such exceptional women as Mary Putnam Jacobi, it is no reason that all women are fit to study medicine, with ordinary chances for success in making a living by its practice. And this is what we are all aiming at, sentimentalism to the contrary notwithstanding.

"What we assert is that this matter of female physicians has been given a fair trial and has been found wanting, and that the future will prove the same in its own convincing manner of leaving them out when the shekels are passed around."

The man who penned this article seems to have exercised "the natural instinct" of misrepresentation. It is an undeniable fact

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that in Connecticut alone, where the *Monthly* is published, there are thirty medical women engaged in active practice, of whom seventeen are Allopaths, eight Eclectics and five Homœopaths; while there are 233 in Massachusetts, of whom ninety are Allopaths, twenty-six Eclectics, seventy-two Homœopaths and forty-five not classified. The writer of the article will have to look sharp to find a region in all New England where women doctors are losing ground, and he will find three or more actually "making a decent living" in Danbury itself.

It is easy to say that one-half "are either non-graduates or from irregular schools." They are physicians all the same, however partisan or non-partisan medical boards may classify them. The reason why women like Harriet K. Hunt was a non-graduate was because she made two applications to Harvard Medical School to be admitted to lectures and was refused. Twitting, after such examples, is in very bad taste.

In regard to the irregular schools, they seem to originate everything progressive that "regular" schools ever learn. No one can intelligently and truthfully say that an irregular school does not teach medicine as thoroughly and as practically as any other.

We honor Dr. Putnam-Jacobi for all she has done to exalt medicine as a vocation for women. We forget none the less, that Elizabeth Blackwell, though matriculating and graduating at Geneva Medical College, was not permitted to do so until her application had been acted upon favorably by the Eclectic Medical Institute of Cincinnati; thus she and others were permitted to be regular, only because they would otherwise add their moral influence to the other side, and so topple the Old Practice over.

One thing more. Count up the women physicians and graduates, and it will be found that a vastly larger percentage of them are making a respectable livelihood at their profession than can be found in the ranks of the other sex.

We would remind the editor of the *Monthly*, of the action of the Fairfield County Medical Society in expelling Dr. Moses B. Pardee, for associating with his wife who was a Homœopathic graduate. She had a large practice and this was a crime against the "regular" doctors. On this occasion a young Dr. Burk loudly vociferated, "We are here to meet the Pardee family and its minions. I do not care for *Em*, nor do I mind her piebald horse! I stand on the code; I will live and die by the code, and shall vote to expel Dr. Pardee."

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The doctor was expelled, but he continued to associate with his "irregular" wife. They rode to church together, they have grown rich together, and even their horses have occupied the same stable. Dr. Burk and the rest still "stand on the code," accuse Dr. Pardee of conduct unbecoming a gentlemen and a physician, "for not abandoning his homœopathic wife for the code," and yet grind their teeth in envy at the thought that Dr. Emily Pardee did the largest practice in South Norwalk, Connecticut.

That many other women physicians, both "regular" and "irregular" are doing the same thing throughout all New England, can be easily demonstrated.

We trust that the editor of the *New England Medical Monthly*, has been imposed upon, and that he will hasten to correct the misstatements here referred to. We will gladly furnish the facts and give him a lesson in veracity and toleration that may prove of service to him in the future.

THE HISTORY OF ECLECTICISM AND THE MEDICAL TRIBUNE.

Prof. Alexander Wilder, M.D., Secretary of the National Eclectic Medical Association, is now engaged in collecting data for a Complete History of the Eclectic School of Medicine which, when complete, will make an octavo volume of from 300 to 400 pages. It is expected that the work will be published about January 1, 1891, and will be the only authentic and consecutive history of Liberal Medicine that has ever been published.

Every eclectic physician in the United States should have a copy of this history; and we intend to put it within the reach of all by the following extraordinary offer:

Every person who sends us two dollars ($2.00) for a year's subscription will receive The Medical Tribune from now till the end of 1891 and a copy of the History of the Eclectic School of Medicine, post paid, as a premium, as soon as issued. This offer only holds good to January 1, 1891, except to old subscribers, who will receive the history as a premium on renewing their subscriptions.

This is an extraordinary offer, as the book will be handsomely bound in cloth, and will sell for $2.00 or $2.50 per copy after January 1st. We could not make this offer but for our facilities for

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manufacturing books at the lowest possible cost, in large editions. With 10,000 advance orders we can reduce this cost to a minimum, and we expect to have that number of subscribers before the end of the year, and when we get them we are certain to keep them.

THE MEDICAL TRIBUNE is the largest Eclectic medical journal published, containing as it does 192 pages more reading matter for the year than any other. Besides we shall publish a book every year on some important medical topic, which we shall offer as a yearly premium. The series will be known as the "Medical Tribune Library," and we intend to have them written by the leading men of the Eclectic School. Each volume will be worth more than the subscription price of the magazine alone. Eclectic physicians cannot afford to ignore this offer, and with our increased circulation we expect to get from our advertising patrons what we give to you in premiums. All subscriptions should be sent to the publishers as early as possible, as we desire to complete our arrangements for publishing a large edition of the History.

Dr. Wilder's reputation as a scholar and as a staunch friend of Eclectic medicine is sufficient to guarantee the accuracy and literary merit of the work. Yet, he will be glad to receive important data from all sources, and he particularly requests that the secretaries of State and local societies will furnish him with transactions or other data, to enable him to compile a complete history of Eclecticism in every State. All such information should be furnished at once.

PROF. JOHN KING, M.D.—A BIOGRAPHY.

A RECENT letter from Professor J. M. Scudder announces the approaching death of Dr. John King. As he has long been in feeble health this event is not altogether unexpected, yet the name of John King has been so long identified with the American Practice of Medicine, with the Eclectic literature, and with every liberal and advanced idea which gives the Eclectic cause vital and moral force, that his death seems to us a general calamity. He was beloved as well as admired; his genial temper, unselfishness and fidelity to his convictions made him the friend of all that knew him.

John King was born at a modest dwelling in Orchard Street,

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New York, on New Year's morning, in 1813. The day was famous in our history by the coming into New York harbor of an American man-of-war with her British prize. Of young King's boyhood and early manhood little is known. He generally resisted every endeavor to record his personal adventures. We can presume, however, that he obtained a good preliminary education. His style of literary composition, the unequivocal and distinct expression which he gave to his sentiments were evidence of culture and mental discipline. His peculiar handwriting, smooth and exact as the best finished copperplate engraving, was preserved in all its perfection till the mortal attack of apoplexy would let him write no more. His long career, exceeding fifty years as a lecturer; his discoveries in organic medical chemistry, and the numerous works with which he enriched our medical literature, abundantly demonstrate his learning, ability and talent. He wrought at nothing except for benefit and improvement, and to his labor we are largely indebted for the superior merit, as well as methods, of the Eclectic school.

Dr. King became a physician of the American school from conviction. He believed in it. He graduated at the Reformed Medical College in New York, and speedily showed his worthiness to be regarded as a pioneer. He had the ardor and enthusiasm of a reformer, and was sanguine to believe that the victory over Ancient Fogyism in Medicine was near. In July, 1836, he issued a specimen copy of *The Medico-Botanic Advocate*, devoted to the interest of Beach's Reformed System of Medical and Surgical Practice. Ten thousand copies were sent out, but the enterprise went no further. It was too soon. Leaving New York a few years later, Dr. King opened his office at New Bedford, Massachusetts. We find him there in 1842, lecturing on the Reformed Practice, and challenging debate and investigation from whomsoever was opposed.

He was, as his picture shows him in advanced life, earnest and enthusiastic. He seems to have counted over-confidently on victory among the worldly-wise Yankees of the whaling metropolis. "My whole internal man is bent to this purpose," he wrote to Dr. Beach. "Thomsonianism and Regularism *must* fall before the superior worth of the American Practice. And what reformer," he impetuously demands, "would not devote his whole time and energy to the holy purpose of meliorating the condition of his afflicted

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fellow-beings by placing before them, and forcing upon them, that system of practice which cures, and cures when all others fail?"

He gloried in his enthusiasm, because he felt it was truth itself. We suspect, however, that he found New Bedford a place more likely to wither than promote his ardor of feeling. It was a city of the rich; and no conviction, sentiment, or matter of intellectual or moral importance was esteemed by the principal inhabitants like the possession of wealth. In that they lived, moved and sought to exist. John King could not long breathe in such a community. Accordingly we find him, two or three years afterwards, in Bath County, Kentucky, and a stated contributor to the *Western Medical Reformer*, then conducted by B. L. Hill & Co. Many of his papers were upon the various remedies then "not official," which Eclectic physicians had discovered, adopted and employed. In these papers we find the beginnings of his great work, "The American Dispensatory."

He first invented and made use of the resins of Podophyllum, Iris, Cimicifuga, etc., which have been so effective in assuring the permanency of the Eclectic School of Medicine, as well as the just credit of doing a great part in the advancing of scientific knowledge. "This valuable agent" [podophyllum], he says, "I had the honor of introducing to the profession, twenty-six years since." He had been led to his inquiries in this direction in 1835, by some information given him by Professor Tully, of Yale College, in regard to the resinous principle in Cimicifuga. "Since August, 1835," he declares, "I have prepared and used more or less in my practice in the treatment of various forms of disease, the resins of Podophyllum, Iris, Cimicifuga, Alcoholic extracts of Aletris and several other medicinal plants. In July, 1844, I first called public attention to the resins of Podophyllum and Iris in the *Philosophical Medical Journal*, Vol. I, No. 7." Little notice, however, was taken of it by the profession, and Dr. King, after his removal to the West, renewed the discussion in the *Western Medical Reformer*, in the fifth volume, in 1846. In June of the following year, Mr. W. S. Merrell began their regular manufacture and from that time the resins of Podophyllum and other plants have not only characterized the Eclectic Practice of Medicine but made their way perforce into the rival schools.

In March, 1848, the call for the first Convention of Reformed

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Practitioners of Medicine was put forth from Cincinnati. It bore the names of Worster Beach, T. V. Morrow, I. G. Jones, O. Davis, Thomas Cooke and John King. The meeting was held in the Eclectic Medical Institute, May 25th and 28th, and a permanent organization accomplished bearing the name of the National Eclectic Medical Association. Professor Morrow was elected President and Dr. King, Secretary. The next year Dr. King was re-elected, and also placed at the head of a committee to prepare a *Manual of Pharmacy*. After that time, however, though his name appears on standing committees, we do not find that he attended meetings or took any part in other ways.

In 1849 the Memphis Medical Institute was organized, and Dr. King became its professor of Materia Medica. Two years later he removed to Cincinnati and became an instructor in the Eclectic Medical Institute. He now published his great work, "The American Dispensatory." Life in Cincinnati appears not to have been easy. Dissensions in the Faculty led to the establishment of rival colleges, and in 1856 the Eclectic College of Medicine and Surgery was organized, with the principal professors of the Institute as its staff. Dr. King was the Dean of the Faculty and one of the editors of its organ, *The College Journal of Medical Science*. Courses of lectures were delivered for three years, when Dr. J. M. Scudder came to the front, and succeeded in effecting a reorganization and union of the two. Since that time Professor King has been identified with the Eclectic Medical Institute.

In May, 1885, a Convention of Eclectic physicians met at the hall of the Institute and founded the Ohio State Eclectic Medical Association. Dr. King was chosen president. His address on that occasion was a review of the field. He severely held to task Governor Todd and his medical advisers for excluding Eclectic physicians from service in the Civil War, and paid a deserved tribute to Governor O. P. Morton for his fairness in such matters in Indiana, showing also that where Eclectics served the mortality in army hospitals was less than one-third.

The reorganization of the National Eclectic Medical Association took place at Chicago in 1870, and Dr. King became a member two years later. He contributed papers to its *Transactions* and the various journals from time to time. In 1878, at the annual meeting at Detroit, he was elected president. His administration was like all his actions, fair, liberal, efficient. He was present at

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the meeting in Chicago in 1880, and spoke at the banquet, making a cheery, characteristic speech.

He was the chosen speaker to deliver the address of welcome in 1884, when the Association met at Cincinnati. He gave our doctrine the following summary:

"Medical Eclecticism embraces a field vast as the universe. It implies Medical Freedom in its fullest sense, uncontrolled by fallible authority, or by distinctive legislation—aiming to secure the best, the safest, and the most grateful methods for subduing pain and suffering, and for overcoming disease."

During the session Dr. King delivered an address on Special Medical Legislation, denouncing it vigorously as a "curse to any country." State Boards, he declared, should have no more power to regulate medicine and oppress citizens pursuing its successful practice, than to regulate the entire public. "It is but one step from this to Imperialism!" he truthfully declared. It was "death to mental independence, death to the constitutional rights of man, death to free science, death to American liberty—death to Eclecticism!"

The Association published and circulated ten thousand copies of the address. Several thousand were also circulated by other societies.

Doctor King was emphatically the writer of Text-Books of the Eclectic Practice. He was the author of the *American Dispensatory*, the *American Eclectic Obstetrics*, *Women—their Diseases and Treatment*, *Chronic Diseases*, etc., besides contributing voluminously to the journalistic literature of the profession. He was sharp and conclusive in argument, but at the same time never dogmatic or arrogant. He loved justice and fair play far more than other men; yet he loved mercy and kindness more. Amply did he deserve the tribute paid to him by Prof. Alex. Wilder, the Secretary of the National Association at Cincinnati:

"Since you began your course, Eclectic Medicine has extended over our continent,—from Maine to California, from the Great Lakes to the Gulf of Mexico, from ocean to ocean. You are a most prominent actor and character in its history. Wherever it has made itself known, wherever its name is mentioned, over all that vast region and even beyond the Atlantic—there closely and vitally interwoven with its history and literature is the name of JOHN KING."

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RECENT PUBLICATIONS.

"VACCINATION: Its History and Pathology,"* is the title of a work in two large volumes which we have reviewed with much satisfaction. When a man standing as high as Prof. Edgar M. Crookshank, in the orthodox medical world, proves recalcitrant to its utterances and decrees in regard to vaccination, other men are likely to be strengthened in their distrust of the utility or even innocence of the practice. He adds another name to the constellation of illustrious scholars, who, like John Hunter, Von Humboldt, Professor Vogt, Siljestrom, Coderie, Wallace, Garth Wilkinson, Spinzig, have borne their testimony unequivocally, candidly and unanswerably. For a time the shadow will exclude the sun, and the reign of darkness continue, but the present rule of surgical malpractice and enforced rape of human bodies cannot continue. Eventually intelligence must supersede the present wilful ignorance and the freedom of the human person become assured as sacred.

When Professor Crookshank began his inquiry, he became convinced that the commonly-accepted descriptions of the nature and origin of cow-pox were purely theoretical. He found himself also unable to obtain any exact details, clinical or pathological, of the source of the "lymph" employed. Both official and unofficial vaccinators were completely occupied with the *technique* of vaccination, "to the exclusion of any precise knowledge of the history and pathology of the diseases from which their lymph-stocks had been obtained." The small amount of knowledge possessed upon the subject by practitioners, and the conflicting teachings and opinions of leading authorities in both the medical and veterinary professions, determined him, in 1888, to investigate the subject for himself. He accordingly read the literature of vaccination, and personally visited France and procured information in Paris, Bordeaux, Toulouse, Montpellier, leaving nothing neglected that might be of avail to his inquiry.

The first volume gives the history of small-pox inoculation in different countries of Asia and Africa, its introduction into Great Britain and Ireland, the various modes employed, showing a diver-

* "History and Pathology of Vaccination." Vol. I. A Critical Inquiry. Vol. II. Selected Essays. By Edgar M. Crookshank, M.B., Professor of Comparative Pathology and Bacteriology in, and Fellow of King's College, London. London: H. K. Lewis, Philadelphia: P. Blakison, Son & Co.

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sity of opinions and methods equivalent to those promulgated in regard to vaccination.

We next have the early history of the cow-pox; the traditions of the dairymaids, the account of Mr. Jesty, the cattle dealer, who inoculated his wife and children in 1774, and of Edward Jenner, who carried off the profits and honors, such as they were. It is too much for our circumscribed space to give details, but it is well to cite the fact that in 1787, Jenner showed his nephew the diseased heels of a horse, declaring it the source of small-pox! He was also confronted with the statement that there were undoubted instances of small-pox occurring after cow-pox, and met it by the assertion that there were two kinds of cow-pox, and that those who had been variolated had the "false" kind, and those who escaped variolation the "true" cow-pox.

Jenner seems to have encountered an experience like one common to the new school of therapeutics—the stealing of the credit. Dr. Pearson of the Small-Pox Hospital of London published a book on the subject in 1799, and also gave public lectures. "This is probably done," says Jenner, "with the view of showing himself as the first man in the concern," and proposed to protect himself by paragraphs in the newspapers, "just to keep the idea alive that P. was not the author of the discovery." This rivalship continued for some time, Jenner succeeding in winning from Pearson his patrons, the Duke of York and Lord Egremont.

It was Jenner's purpose to make the new practice lucrative to himself, and in 1802 he succeeded in obtaining a grant for £10,000. Two years later the failures of the new inoculation were so numerous as to weaken confidence, and he was severely taxed to defend himself. He "bluffed" as impudently as his advocates to-day, asserting:

"What I have said on this vaccine subject is true. If properly conducted it secures the constitution as much as variolous inoculation possibly can. It is the small-pox in a purer form than that which has been current among us for twelve centuries past."

Another champion, Richard Dunning, out-Jenners Jenner himself. He asserted that a case of small-pox following cow-pox placed vaccination on higher ground than before!

In his endeavor to establish vaccination and advance his private fortune, Jenner next sought legislation to put a stop to inoculating for small-pox. He did not succeed in displacing the rival method.

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Indeed, in 1818, an epidemic of small-pox occurred, attacking vaccinated and unvaccinated alike. The last years of Jenner's life were employed in combating the prejudice thus created against the practice.

The latter chapters of the first volume are devoted to the following topics:

IX. Human Small-pox as a source of "Vaccine Lymph"; X. Cattle Plague (Rinderpest) as a source of "Vaccine Lymph"; XI. Sheep Small-pox as a source of "Vaccine Lymph"; XII. Goat-pox as a source of "Vaccine Lymph"; XIII. Cow-pox as a source of "Vaccine Lymph"; XIV. Grease as a source of "Vaccine Lymph." A careful perusal of those chapters will give a complete understanding of the subject, which no synopsis can accomplish.

The new practice was introduced into Europe about the beginning of the century. It was also introduced into this country by Dr. Benj. Waterhouse, the eulogist of Samuel Thomson, who named it "kine pox." He had ill success. He inoculated his son David, who had the "never-failing sign of thorough infection." Another doctor inoculated about forty persons from the lad's arm, all of whom, except one, afterward took the small-pox, either casually or by inoculation.

Dr. Badcock, in England, had a similar experience in 1836. "I suffered severely from a dangerous attack of small-pox which happened but a few months after re-vaccination," he declares, and concluded that the ordinary virus had lost its virtue. This now became one of the stock apologetics for cow-pox failures. In France vaccination was credited with having no effect over malignant small-pox, while in England when a less malignant variety attacked the vaccinated, the fact was used as an argument that but for vaccination the attack might have been worse.

After a full citation of evidence and testimonies, Dr. Crookshank concludes: "I must again assert that there is no proof whatever that the *disease* cow-pox was produced by the inoculation of cows with human small-pox." "The two diseases are specifically distinct." "Cow-pox begins as a local affection and is followed by constitutional symptoms; small-pox is an acute disease, characterized by sudden and severe fever, which is followed after forty-eight hours by a generalized eruption." "Cow-pox, in fact, is strictly analogous to syphilis, and it is only by comparison with this dis-

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ease that we can really follow its natural history." * * * Even the earliest opponents of vaccination regarded the disease as *lues covilla*, and it had even been suggested that the cow had derived the complaint from milkers who were affected with syphilis. "I find that in horse-pox the parallel is still closer, inasmuch as the horse-pox is transmitted by coition." Dr. Crookshank, however, does not believe them identical.

All the same, however, he feels convinced that the medical profession has been misled by Jenner, Barron, the Reports of the National Vaccine Establishment, and by a want of knowledge concerning the nature of cow-pox, horse-pox and other sources of "Vaccine Lymph." The protective measures introduced by Pasteur, such as inoculation for chicken cholera, anthrax and rabies are analogous to Jenner's vaccination, and is the same in principle as the old method of small-pox inoculation.

Jenner's substitution of cow-pox inoculation for variolation "was a purely empirical treatment based upon folk-lore. * * * Inoculation for cow-pox does not have the least effect in affording immunity from the analogous disease in man, syphilis; and neither do cow-pox, horse-pox, sheep-pox, cattle plague, or any other radically dissimilar disease exercise any specific protective power against human small-pox. Inoculation of cow-pox, horse-pox and cattle plague have totally failed to exterminate small-pox, and for the eradication of this disease we must in future resort to methods similar to those proposed by Haygarth, which in modern times have been so successful in STAMPING OUT diseases of the lower animals, such as cattle plague, foot and mouth disease and sheep-pox."

"There can be no doubt that ere long a system of COMPULSORY NOTIFICATION and ISOLATION will replace vaccination. Indeed, I maintain that where isolation and vaccination have been carried out in the face of an epidemic, it is isolation which has been instrumental in staying the outbreak, though vaccination has received the credit."

But as vaccination has been enforced in the education of the medical practitioner, it is hardly probable that the futility of the practice will be acknowledged in our generation.

Volume II. being of the nature of a supplement and comprising a collection of documents upon the topic is of the deepest importance to the investigator. The peculiar observations, conjectures

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and vague theories of the early vaccinators are interesting, both on their own account and because of their frequent contrast to the modern notions, which are chiefly crude hypotheses founded on no thorough study of the subject.

Vaccine virus, as it is popularly called, being very frequently the product of an ulcer produced on the animal from a small-pox pustule, can hardly escape an imputation like that which we would pass upon a counterfeit note.

This work of Dr. Crookshank will serve a most important purpose with the thinking part of the medical profession in showing the origin and nature of a medical delusion which has hardly been equalled in dimensions or impudence by any imposture ever set loose on the world. The evidence is fully given, the deductions fairly and candidly made, leaving the conclusions indisputable.

We commend the study of these volumes to health officers generally, for possibly they might enlighten them regarding the true character of vaccination, of which they have remained grossly ignorant. Sixteen years ago we declared that *isolation* alone prevented the spread of small-pox, and that vaccination received the credit. Now Dr. Crookshank adds his testimony, following close upon Dr. Creighton. These careful investigators must not be surprised to hear themselves denounced as cranks and ignoramuses by the superficial health officers who have never studied this subject beyond the few pages they find in their text-books.

PROF. A. J. HOWE, M. D., of Cincinnati, has occupied the chair of surgery in the old Eclectic Medical Institute for many years, and has doubtless given instruction to more students than any other surgeon in the Eclectic profession. Many who have not heard his lectures have been instructed by his "Treatise on Fractures and Dislocations" and his "Manual of Eye Surgery" as well by his text-book on "General Surgery."*

This last work was first published in 1876, and has since gone through several editions, the last of which is before us. As a text-book for the busy practitioner it is preferable to any work of the kind we have seen. Every diseased condition, every accident, and the details of every operation are described so plainly that there can be no difficulty in understanding the subject treated of and carrying

* "The Art and Science of Surgery." By Prof. A. J. Howe, A.M., M.D. Cincinnati: J. M. Scudder, Publisher. Price, $8.00.

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out the treatment or operation recommended. The therapeutics of surgical diseases receives careful attention, and if followed will prove much more satisfactory than that recommended by our Allopathic authors. Though we sometimes differ from our author in the management of certain disorders, among which we might mention spinal curvatures and hemorrhoids, it is hardly fair to judge him from this work, which he has not had time to revise since it was written. We trust he will find time to make a revision of such sections as relate to subjects in which much progress has been made during the past ten years. With a few such revisions to bring the knowledge up to date, the work would still be a standard authority for all except those who desire to make specialties of particular departments of surgery.

SPINAL concussion is always an interesting subject to the student of medicine, and the volume before us* is particularly interesting to the practitioner who has but a limited time to devote to the study of any one subject. The author has condensed into small space the observations and conclusions of Erichsen, Page, Leyden, Erb, Spitzka and others, to which he has added his own personal observations, thus bringing together a vast number of facts and observations on the subject of spinal concussions, that are difficult to find, as they are scattered through our medical literature. The work contains considerable that might have been left out without detriment, yet it is in most respects concise, and covers ground that has been less satisfactorily done by more elaborate works on the subject.

Electro-diagnosis receives careful attention and constitutes an interesting and instructive chapter of the work.

The chapter on "Medico-legal Considerations" though in no way connected with the subject of concussion, is interesting reading, and contains some plain truths, which it would be well for every physician to ponder over.

IN these days of baldness the physician is frequently asked for a prescription to prevent the hair from falling out and make the hair grow. Before he can give advice on the subject he must make himself familiar with the various causes of baldness, and this task has been rendered comparatively easy by Dr. George T. Jackson,

* "Spinal Concussion." By S. V. Clavenger. M.D. Philadelphia: F. A. Davis, publisher, 1889. Price, $2.50.

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who has recently given us a valuable treatise on the hair and scalp.*

The anatomy, physiology and hygiene of the hair occupy the first three chapters of the book, and these should be carefully studied by all who have not heretofore made a special study of the subject. The second part of the work is devoted to the essential diseases of the hair; the third part to parasitic diseases of the hair; and part four discusses those diseases of the hair that are secondary to diseases of the skin.

The treatment for the most part can be recommended and followed with safety, many of the formulæ having been thoroughly tested by the leading specialists in the world.

The Bibliography appended to the volume contains 640 references, all of which are classified under the headings of the separate diseases. This makes it easy to look up the authorities on any special disease, which is a great consideration for the busy practitioner.

ITEMS.

—At the meeting of the Pennsylvania Medical Society at Pittsburgh, Dr. Charles W. Dalles, of Philadelphia, protested against the establishment of Pasteur Institutes. Most of the so-called cases of hydrophobia, he declared, were merely cases of meningitis; and the doctors, not the disease, killed the persons bitten by dogs.

—Col. Robert G. Ingersoll aptly explains the reason why ethics and medical statutes are resorted to in order to prevent innovation and crush dissent:

"You can remember, so can I, when the old allopathists reigned supreme. If there were anything the matter with a man, they let out his blood. Called to his bedside, they took him to the edge of eternity with medicine, and then practiced all their art to bring him back to life. One can hardly imagine how perfect a constitution it took a few years ago to stand the assault of a doctor. And long after it was found to be a mistake, hundreds and thousands of the old physicians clung to it, carried around with them in one pocket a bottle of jalap, and in the other a rusty lancet, sorry that they couldn't find some patient idiotic enough to allow the experi-

* "A Practical Treatise on Diseases of the Hair and Scalp." By Geo. Thomas Jackson, M. D. New York: E. B. Treat, 5 Cooper Union, 1890. Price, $2.75.

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ment to be made again. So these schools and these theories, and these religions die hard. What else can they do? Like the paintings of the old masters, they are kept alive because so much money has been invested in them."

—In a paper read before the Geneva Hygienic Congress, Dr. Dally has maintained that the deformities of people may usually be traced to the positions in which they were kept while at school. That children are as a rule well formed at the commencement of school life is indicated by the researches of Dr. Chaussier, who found that only 122 out of 23,200 newly-born infants examined by him possessed abnormal peculiarities of any kind.

MISCELLANY.

Remarkable Fecundity.—I was called to see Mrs. E. T. Page, January 10, 1890, about 4 o'clock A. M.; found her in labor and at full time, although she assured me that her "time" was six weeks ahead. At 8 o'clock A. M. I delivered her of a girl baby; I found there were triplets, and so informed her. At 11 A. M. I delivered her of the second girl, after having rectified presentation, which was singular, face, hands and feet, all presented, I placed in proper position, and practiced "version." This child was "still-born," and after considerable effort by artificial respiration it breathed and came around "all right." The third girl was born at 11.40 A. M. This was the smallest one of the four. In attempting to take away placenta, to my astonishment I found the feet of another child. At 1 P. M. this one was born; the head of this child got firmly impacted at lower strait, and it was with a great deal of difficulty and much patient effort that it was finally disengaged; it was blocked by a mass of placenta and cords. The first child had its own placenta; the second and third had their placenta; the fourth had also a placenta. They weighed at birth in the aggregate nineteen and a half pounds without clothing; first weighed six pounds; second, five pounds; third, four and a half pounds; fourth, four pounds. In the country, and "backwoods" at that, it was impossible to procure a "wet nurse," so with the little help we could control, and feeding the babies on "Reed & Carnrick's Infant Food," they thrived well. From using all the food on the market I long since found that the above food possessed some qualities that I failed to find in the others. Mrs. Page is a blonde, about 36 years old, has given birth to fourteen children, twins three times before this, one pair by her first husband. She had been married to Page three years and has had eight children in that time. I have waited on her each time.

Page is an Englishman, small, dark hair, age about 26, weighs about 115 pounds. There was quite an amusing incident occurred when I informed him that his wife would give birth to four children; he fell across the bed by his wife's side, threw his heels away up in the air, clasped his legs with both hands, and with a long wail of despair, cried, "Lord, God, Doctor! what shall I do?"

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They are in St. Joseph, Mo., now, having contracted with Mr. Uffner, of New York, to travel and exhibit themselves in Denver, St. Joseph, Omaha and Nebraska City, then on to Boston, Mass., where they will spend the summer.

The birth of quadruplets is not so remarkable, but that they should live and thrive is. In about 375,000 births there are quadruplets, and it is a remarkable fact that they always die. Will some of my brother M.D.'s give us their experience with quadruplets?—J. DE LEON, M. D.. in *The Dietetic Gazette.*

OCULAR COMPLICATIONS IN INFLUENZA.—"In the February number of the *Recueil d'Ophthalmologie*, Dr. Galezowski describes two forms of ocular affection which have been seen by him. In the one the conjunctiva is alone attacked, and the symptoms usually come on at the commencement of the disease. There is pain around one eye, and the lids feel heavy and tend to droop involuntarily, as if the patient were sleepy. Lacrymation and photophobia are frequently present, and the vision fails after a few seconds on attempting to read. In the morning the lids adhere, but there is not much secretion. The vessels of the sclerotic are distended, but the pupil acts perfectly. The author attributes these symptoms to neurosis of the fifth nerve. The other class of cases presents a more serious complication, for in it the cornea becomes superficially ulcerated over a large area of triangular shape, the base being toward the circumference, and the apex reaching to the centre of the cornea. The ulcerated area becomes completely anæsthetic, while there is hyperæsthesia of the adjacent corneal tissue. The ulcer tends to increase in size but not in depth. The complication appears late, often during convalescence; the prognosis appears to be favorable. This complication would also seem to be due to some abnormal condition of innervation."—*British Medical Journal.*

THE GOSPEL OF PAIN.—The power which rules the universe uses pain as a signal of danger. Just, generous, beautiful Nature never strikes a foul blow; never attacks us behind our backs; never digs pitfalls, or lays ambuscades; never wears a smile upon her face when there is vengeance in her heart. Patiently she teaches us her laws, plainly she writes her warnings, tenderly she graduates her force. Long before the fierce red danger light of pain is flashed she pleads with us, as though for her own sake, not ours—to be merciful to ourselves, and to each other. She makes the over-worked brain to wander from the subject of its labors. She turns the over-indulged body against the delights of yesterday. These are her caution signals, "go slow." She stands in the filthy courts and alleys that we pass daily and beckons us to enter and realize with our senses what we allow to exist in the midst of the culture of which we brag. And what do we do for ourselves? We ply whip and spur on the jaded brain as though it were a jibing horse—force it back into the road which leads to madness, and go on full gallop. We drug the rebellious body with stimulants, we hide the signal and think we have escaped the danger, and are very festive before night. We turn aside, as the Pharisee did of old, and pass on the other side, with our nose closed. At last, having broken Nature's laws and disregarded her warnings, she comes—drums beating, colors flying, right in front to punish us. Then we go down on our knees and whimper about it having pleased God Almighty to send this affliction upon us, and we pray him to work a miracle in order to reverse the natural consequences of our disobedience, or

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save us from the trouble of doing our duty. In other words, we put our finger in the fire and beg that it may not be hurt.—*Temple Bar.*

SUBCUTANEOUS INJECTION OF TABLE SALT IN WEAK HEART.—Dr. Leon Rosenbusch, of Lemburg, reports a most favorable experience in the use of chloride of sodium by subcutaneous injections in cases marked by danger of failing circulation.

He was led to the practice by the experiments of Cautui, who, in cases of cholera, injected subcutaneously from 15 to 45 ounces of a solution composed of four parts chloride of sodium, three parts of carbonate sodium, and one thousand parts of distilled water, with evident advantage.

The author uses this, or an injection of similar composition, in low forms of pneumonia, typhoid fever, chronic nephritis, and all forms of severe hemorrhage.

The following is the *resumé* by the author of the indications for injection and the amounts to be used:

1. Sudden collapse, five to eight drachms of a six per cent. solution.

2. Paresis of the heart muscles from any acute disease, five to eight drachms at once, and then one to two drachms daily.

3. Acute gastro-enteritis, great weakness after severe vomiting and diarrhœa, eight to twenty ounces of a tepid solution of six per thousand.

4. Hemorrhage from the lungs, stomach, or bowels, five drachms, then one and a-half drachms daily.

5. Heart failure in consequence of chronic disease and cachectic conditions, one and a-half drachms daily for several days.—*Internat. Clin. Rundschau.*

ANTI-FAT.—Phytolacca is perhaps among the most certain of our "anti-fat" remedies. It has been observed that birds that subsist on poke-berries late in the season do not fatten. Experiment shows that the expressed juice inspissated and made into pills, and taken 3 or 4 before each meal, will thin down the most obese to wholesome and comfortable dimensions. It has reduced 15 pounds in a month.

HIGHLAND TONICA WATER.—Since reading Dr. E. M. Ripley's article on "Tonica, The Highland Mineral Water," in the July issue of THE MEDICAL TRIBUNE, we have been testing it with the following results:

As a table water it is the most palatable we have ever used, and it seems to have a tonic effect on the stomach which greatly aids digestion and prevents fermentation.

A patient who has been a constant sufferer from gravel for several years was induced to try Tonica. He drank two pint bottles a day for about ten days, by which time the irritation of the bladder and urethra, from which he had long suffered, was much relieved. For the next two weeks he drank three pints of the water a day, and was entirely free from unpleasant symptoms; and the earthy sediment which had been present for a long time, entirely disappeared. Before taking the water he seldom went a week without suffering from small renal calculi passing through the ureters, but after the first ten days of its use he was entirely free from this trouble.

With this experience it certainly seems safe to say that the constituents of Tonica are specially serviceable in the treatment of gravel. The profession would do well to give this water a trial, and we would be pleased to know the results.

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The Medical Tribune.

ROBERT A. GUNN, M.D., EDITOR.

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HEREDITY.

PROFESSOR DRAPER in his "History of the Conflict between Religion and Science" alludes to the registering of impressions upon the nervous centres. He illustrates it by examples in inorganic nature. If a wafer is laid upon a cold, polished metallic surface, and the metal is then breathed upon, and after the moisture of the breath has disappeared, the wafer is removed and the metal again breathed upon, the image of the wafer will come plainly into view. The metal may be carefully put aside and kept for many months; after which if it is brought out and again breathed upon, the shadowy image of the wafer will again come forth. Following out this subject, the accomplished professor declares that a shadow never falls upon a wall without leaving thereupon a permanent trace —a trace which might be made visible by resorting to proper processes. The processes of the photographic art are examples of this. The spectre is concealed on the silver or glassy surface till it is made to come forth into the visible world. "Upon the walls of our most private apartments, where we think the eye of intrusion is altogether shut out, and our retirement can never be profaned, there exists the vestiges of our acts—silhouettes of whatever we have done."

Perhaps it will yet be demonstrated that our acts and even utterances have been caught in an analogous manner by the atmosphere about us, and are mirrored and retained in the æther, to be, some time in the indefinite future, reproduced and echoed back again to human ears and human vision. The photophone, phonograph, and the photographic art make this seem possible.

There is a common sensorium of the nerve apparatus of every creature having a brain, which receives the impression of every sense, and retains them into subsequent periods of time. They

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may disappear from conscious memory and be lost, seemingly forever; yet some trick, art, curious coincidence, or other cause, will often reproduce them, like the events of yesterday. We talk about the remarkable memory of certain individuals. I doubt whether it is more than a mere acute sensitiveness, or some peculiar habit of mind which enables the more ready bringing out of the sensory impression.

The fact, however, that these impressions are thus preserved, and that the mind itself, often and perhaps almost always, elaborates its conclusions and purposes with them, there being no external effort or consciousness in the matter, has afforded a reason for the conviction that that department of our being really belongs to a sphere not comprised by limits of time or space, and is accordingly itself a denizen of the eternal region.

Returning, however, to our original topic, the fact that impressions made upon our sensory nerve-centres and sensitive plates of metal are really permanent and therefore capable of being reproduced to vision or conscious memory, we are impelled forward to another observation. Every particle of matter, every molecule, we must suppose to be impressed and affected in some analogous manner by the events in which it has participated. This impression must have continued amid all its changes and conditions, from the remotest time. All its history is stamped upon it in characters not to be eradicated; but processes of experience, if not of scientific skill, will now and then bring portions of it into our perception, on some such principle as the presence of the boulder at your door discloses the tale of a glacial period, an erosion from the mountain-side, and a long journey into a strange region.

Under conditions in a measure corresponding to these, every living being in this world holds its tenure of existence. The material of our bodies recites in us our former history. The impressions made upon it are so manifold as to challenge our comprehension, and the results are often so hard to resist as to seem to us the dictates of *absolute* and imperious necessity.

The study of heredity more or less directly takes its beginnings from our observations of these peculiar facts and phenomena. The resemblance of children to their kindred is so general as to constitute valid evidence of a law directing the matter. A trait of character, a feature, a finger or toe peculiarly formed or redundant, or a tendency to certain forms of disease, appear in families, some-

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times even to remote generations. The length of life in a family very generally conforms to a certain average. Dr. Nathan Allen, of Lowell, Mass., once enumerated the ages to which his uncles and aunts, in Barre had lived. My own grandfather had married one of them, and I remember her well, though not always to my own credit. There was a goodly number of them, some ten or twelve, and they counted up, all of them, 87, 88, and even 90. My father used to say "they lived eternally." The bodily stature and physical proportions display similar conditions. Even the mental tastes and aptitudes generally exhibit their ancestral inheritance. We see the counterfeits of organization in that department of organization which we designate *inorganic*. The magnetic polarity which exhibits the phenomena of attraction and repulsion is precedent to chemical affinity, crystallization, and eventually to living forms. If we suspend a piece of zinc in a solution of sugar of lead, the little masses of lead will soon be deposited over it, and then shoot out branches and leaves in the form of a tree. Professor Reinsch describes coal as consisting of microscopic forms of a lower order of protoplasm. The coral growths follow the same principle as the "philosopher's tree," throwing out roots on the bottom of the sea, and branches into the water of the ocean. Plants betray the semblance of animal instinct, and send forth tendrils, branches, and roots in the directions where light, warmth, food or water may be procured.

We may not rationally suppose that one of these orders of beings ever did or ever will transform itself by any process into another, but we may intelligently observe that each in its peculiar sphere and realm exhibits qualities and characteristics which resemble those of the human race. In some form or other, there are vital qualities in analogy between high and low, organic and inorganic, human and animal, and we may add natural and spiritual.

Every race, by a power superior to instinct, is produced after its peculiar mode, grows and develops in its own way, and displays characteristics incident to itself. One does not pass its limits and become another. Even if there be apparent modification, it is but an external influence; an aping, so to speak, but not a transmutation. This adhering to nature, persistence of type, as it is called, is the genuine heredity. The word has not yet become naturalized in English dictionaries, but it has made itself known in intelli-

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gent circles, and recognized as a profitable theme of study. Theology has consecrated its meaning under the phrase "Original Sin," and a better philosophy may carry the matter farther into antecedent history to eternal right. Then we will perceive that righteousness and goodness are anterior to sin in the generation of human beings.

Unfortunately there is too much tendency to study men and things upon the dark side. Lawyers and policemen seem to regard everybody as an unconvicted rogue; physicians, as disordered in one way or other.

Heredity is not a mere heavy weight that Nature employs to load wretched human beings with. On the other hand, it is the agency by which to improve, become better and happier. Suppose that the iniquity of the fathers is visited or transferred to the children for three or four generations; yet by the same law every good quality is carried along the current, innumerable generations further, because good is in itself persistent and essentially a principle of life and health. The aims are merciful and never cruel. If, therefore, we should study heredity from its sunny side, and that is the legitimate side, it will be found as fascinating as a romance, and as exhilarating as the very breath of life.

Exceptional genius and character seldom pass from generation to generation. There may be similarity of taste, such as has led the artisans and other craftsmen of India to pursue the calling of their whole ancestral line without break or deviation. But no descendant of Sôkratês was a philosopher; none of the lineage of Shakespeare became famous in dramatic writing or anything like it; nor have any of the great generals, statesmen, or savants established a lineage like themselves. When a tree yields superior fruit its seeds are meagre and shrunken; but the coarse, uncared-for varieties are prolific enough to stock a continent. It seems, too, that when a human product has come to rare excellence of culture and development, there came a stop. The inferior and mediocre are most certain to beget and rear children after their own likeness. It seems plain, therefore, that in all proposed effort to bring heredity to a practical issue, the attention should be fixed upon the matter of providing conditions of perfectibility and not any realizing of ideals of perfection.

In the social practices of different peoples, there seems to be but little account taken of this principle of hereditary descent. It

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seems to have been generally believed that education, personal conditions, and perhaps Providence can amend shortcomings. To marry well is understood to mean little in respect to persons, but much in the matter of wealth and social condition. Peculiarities of race are strictly heeded, but marriage-alliances are negotiated and contracted in total disregard of heritable idiosyncrasies, and their probable transmission to offspring. It would be considered not modest for a woman, and as fanciful and visionary for a man. Yet none the less is it true that heredity determines the average longevity of a family, the stature and physical proportions, and even the mental aptitudes. Thorn-bushes do not produce grapes, nor thistles figs. The parentage will place us in a fair way to forecast the probable conditions of mental and corporeal vigor, the moral nature, and peculiarities of taste, character, and disposition.

Precision, however, in these respects, will never be possible. The immense diversity that characterizes every family-tree, the innumerable ancestry from different races and stocks, render the ascertaining of the principal influence in shaping the idosyncrasy of the individual and his consequent fortunes, a thing not practicable. In every generation there will be a distinct modifying agency. There is, besides, a change of characteristics at the various periods of life. The man or the woman is often different from what childhood promised. One may resemble his mother in early life and become like his father in later days. Then, too, atavism may display itself, and some predecessor may in turn come out to life and light in the physical, mental, or moral endowment. Yet this uncertainty constitutes no evidence against the existence of a principle of heredity, but is itself an unanswerable testimony in its behalf. It proves, however, that we may not aspire to any plan or regulation which will assure just the progeny that we may expect. Bird-fanciers may breed to a feather, and dog-raisers rear to the shape and physical quality desired; but animals and human beings are by no means controlled in this matter by a common law. Outside of race-peculiarities and family-traits are a world of moral causes to exalt or depress the physical and psychical quality of the human progeny, from which birds, bees, and animals are exempt.

This, however, is no argument for reckless parentage and indifference in regard to mating of human beings. It constitutes, on the other hand, additional cautions to avoid mistakes. Connubial alliances are at the beginning of the whole matter. In this partic-

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ular both custom and jurisprudence are sadly lame, halt, and blind. The prospects of amending them speedily are by no means encouraging. The existence of a repugnance in nature or character, rendering conjugal unity and sanctity impossible, seems unknown by law or church.

Perhaps we are all at fault more or less. The physiological knowledge of the medical profession has given but an uncertain, flickering, deceptive light. Medical men are neither teachers nor examples. The calling belongs in another arena.

Two dogmas are about all that have been propounded: 1. That the connubial alliance of kindred is liable to entail deterioration of blood. 2. That conjugal relations between individuals of similar temperaments are unphysiological and incestuous. It would require too much time and space for me to discuss either of these; and I am not certain that the endeavor would be profitable. Both theories gain their principal support from observations and examples, chiefly collated on one side, while the evidence on the other side is left out.

Meanwhile the world goes on, and the agencies in question nowhere operate in any sensible degree to diminish its population. It is safe, therefore, in the present stage of our knowledge, to dismiss them with the Scotch verdict: "Not proven."

Besides, in our human realm of existence this matter of heredity involves much that is not exactly ancestral. The human constitution is too complex to enable things to be computed as by the rules of arithmetic. It would be impossible to eliminate the ill-organized and unworthy from becoming factors, except we employ brutal or arbitrary violence. Even then it would be a serious question whether those who should be thus ostracized might not be endowed with qualities and characteristics that it would not be well to omit from the grand total of this new humanity. Suppose that any part of our human nature, as for example, the qualities which are represented by the nerve-structures nearest the medulla oblongata, should be reduced by culture and careful parentage. The result would be, very possibly, a large annihilation of the sensuous endowments, and perhaps a superior refinement of the mental and religious faculties. Along with such an exaltation of nature, however, would be a lack of energy to elaborate any mental pursuit, of prudence to guard against treachery, violence, or physical want; of vital force to sustain existence itself.

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The eye would become feeble and short-sighted, the ear silent, the moving power of the body inert. It would be death in life, if not death out of life. So, therefore, in our studies of heredity, we will be obliged to accept the rule of stalwart corporiety, even at some inconvenience; like the stomach and its adjuncts, everything else depends on it.

We may feel reasonably safe, however, in this necessity to accept the average human being without dwarfing or mutilation. Every quality as well as function is precious. All human vices are but virtues distorted from their proper relation. Man, too, is primarily a soul, and but secondarily a fabric of bone and muscle, lined and covered by membrane, nourished and cleansed by blood, and both made alive and sustained by the mediumship of nerve-structures. He loves, wills, thinks, receives moral impulsion from external agencies, and is more or less at the mercy of external conditions. The *kismet* which ancestry may entail is intimately commingled with the *karma* of individual experiences.

Prenatal influences are comparatively unregarded, yet the moods and mental exercises of parents are enstamped from the first dawn of embryonic existence. The emotional excitement of a few moments' duration has transformed the entire quality of a child's nature. Drunkenness has been known to entail imbecility, and the liking for alcoholic drink is perpetuated to children almost even to create physical necessity for it. The assassination of David Rizzio in the presence of Queen Mary Stuart made her son James I. timorous and cowardly; while the superhuman daring of Carlo and Letitia Bonaparte modelled prenatally the whole nature of their famous son.

Hereditary descent, we may consider certain, does not operate principally to perpetuate what is pernicious and evil. There is no law of evil anywhere; evil is itself always and everywhere a perversion and nothing more. The law of the universe is order and fitness, and this law is superior in the matter of parentage. Those who desire and intelligently love children, generally have such as are a delight to them; and conjugal affection is the most energetic cause of a wholesome fatherhood and motherhood. We need take little account of the modern notion so assiduously disseminated in parts of this country in regard to the ill influence of blood-relationship in such matters; but very much in respect to the nature and inherent genuineness of the connubial alliance.

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We should hesitate in regard to the mating of individuals of adverse natures. It is not well to wed the dove to a hawk, nor an eagle to a hog, or a mole, or any reptile. We do not care to rear bats, that seem to belong neither to earth nor sky; and we may be sure that human associations of analogous character will be too evil and too prolific of evil to be capable of becoming holy and sacred. To be sure there have been such *mésalliances*, which have been unfortunate, and promotive of disorder and misery to all immediately concerned, but which, nevertheless, were followed, in some later generations, by the production of individuals of rare merit and even goodness. Indeed, what we very often naturally and even properly regard as evil may be the source and matrix of a preponderating good. The progeny of an unfortunate alliance may be great, brave, and energetic. Yet the contrary is so much the more probable, that we ought always to hesitate in regard to any mating which is in form rather than in fact. If the evil sequences are obviated, there are circumstances which will more or less account for it. What are called somewhat erroneously the Laws of Nature are so many energies of the superior principle of life constantly operating to remove and repair the evils which have been infused into lineages by ill habits, vice, and other accidents. The principle of life and health being positive and paramount in the human body is active to resist morbific influences, to neutralize their results, and to heal the injuries; nor does it yield till it has been wholly overpowered.

Let our modern writers be in less hurry to arrive at conclusions, and less tenacious of testimony shaped on purpose to bolster up their preconceived notions. They should occupy a broader field for their observations. The notion of regarding human beings as in the same physical plane with the animal races is not only degrading but unphilosophic and untrue. Every element and faculty which distinguishes man from the animal is a factor modifying the physical nature and the character of offspring. That imagination will do this, every observing person knows; and the other intellective faculties, like hope, veneration, love of justice, faith, are equally potent. Children are well-formed or deformed, healthy or weakly, cheerful or gloomy, hopeful or despondent, as the effect of these qualities in parents. We notice this often enough in the social atmosphere of a family group, that the moods of one or two will infect the whole company, and the same influence will be more

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energetic upon those yet unborn. Hence the inspiration of higher motive exalts the whole corporeal nature, arresting the ill conditions of hereditary and circumstantial operation and introducing better psychic and physical tendencies.

If any intermarriage is to be prohibited on physiological grounds, the relations of kinship of themselves do not come within the rule. The observations of the animal kingdom are ample to show this. Birds hatched in the same nest pair together, and so on, all through the ages. The human tribes which permit and promote such alliances, are not only the longest-lived, but they show the greater capacity for civilization. As extremes on both sides, we have the Tartars and American Indians as representing savagery and repugnance for the amenities of social culture; on the other the Semitic peoples of Arabia and the Euphrates, the Aryan races of Persia, Greece, and the West.

A fact in modern history may constitute the basis for the diverse opinions. About the time of the discovery of this continent, one of those terrific outbreaks of syphilis occurred over the principal European countries. Italy, Spain, France, England, all were visited in turn. The Pope died in his chair of St. Peter; the King of France rotted to death in his royal bed; noblemen, gentry, all classes and professions participated. Is there a wonder that this universal taint of the Christian world has produced deterioration of the blood, and that scrofula, formerly thought to be an evil that kings could cure, became an evil that all kings had? Certainly it is easy to perceive that individuals tainted from such a cause would be pretty sure to have an infected progeny; and that with such antecedents our theorists and sciolists can procure all the statistics they may wish for showing evils of intermarriage of kindred or persons of similar temperament. But pure blood is not so conditioned.

The sanctities of the congugal state are neither created nor sustained by external statute regulations or priestly consecration. The higher law is supreme in this matter. There may be, there often is, there should be to a certain degree at least, a oneness of thought and will between conjugal partners which even will transcend the ordinary limits of individuality. In the distractions, the various conflicting circumstances and occurrences of our everyday life, we fail to attain and keep sight of the true principle in the matter; and nuptial alliances are frequently contracted from

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lower motives and influences, as well as according to faulty social theories. To this is largely due the faulty tempers, mental obliquities, and bodily degeneracy of children; and, in fact, melancholy, insanity, idiocy, predisposition to crime, are thus induced to a fearful extent, that few appear to suspect.

Where a true unity exists between connubial partners, their vital energy is heightened and intensified by their intimate consociations; and there is the best reason, therefore, for supposing that the auras, the potencies emanating from their interior being, both increase the volume of life in each other, and induce in their offspring a condition of health, vigor, and intellectuality which no other physiological conditions by themselves, however apparently perfect, can develop. As the Hebrew prophet declared of the vision: "It is from God, and its interpretation is sure."

ALEXANDER WILDER, M.D.

WHAT IS CATARRH?*

CATARRH is an affection, disease, or "complaint" so common that to define it might at first thought seem superfluous. Everyone knows that it means a superfluous mucous secretion from the breathing passages of the head, either discharging forward through the nares or backward through the throat. That is the ordinary acceptation of the meaning of the word, but what of the nature of the disease, its origin, relations and results? These are mooted questions.

Various patent medicine announcements solve them with wonderful readiness and plausible conceits. One informs the afflicted reader that catarrh is purely a local affection, needing only local treatment to go right to the roots of the disease in the mucous follicles and annihilate it there. Of this class of advertisements many declare the existence of microbes, or microscopic living organisms, that hold the fort in these follicles and send forth their emissaries until somebody's specific microbe killer is made use of to slay these invaders in their haunts. Another class of advertisements makes it evident that the origin of the disease is in the blood,

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and that the use of six bottles of the particular purifier will abolish the bane.

Probably it would not be difficult to find in the market, in the wholesale drug establishments where "patents" do congregate, one hundred or more "sure cure" specifics for catarrh, and yet there may be afflicted readers of this article ready to depose and say that they have tried one hundred of them and yet no cure. How is this?

Do they all always fail to accomplish anything for which they are prepared? Most of them are likely to be of some benefit, if only in encouraging nasal cleanliness, and we think all local treatments do little more. But even that is a great advantage.

Many an acute "cold" becomes a chronic catarrh merely from neglect, and because irritating secretions of the mucous membrane, left to accumulate and ferment, will react on the membrane to its prolonged injury. Furthermore, the air inhaled through the nose, and passing over this diseased mass becomes more or less poisoned and affects injuriously the blood itself. Other functions become deranged and the general state of the sufferer may become very distressing. In this manner it often happens that a general state of disease arises from what was at first purely, or rather impurely, a local disorder. In all new or first catarrhs, therefore, the use of local disinfectant washes, salves or inhaling vapors, may be of great utility to prevent the establishing of a chronic disease of the parts. Even when such disease has become chronic and obstinate some local treatment for sake of cleanliness is very essential—in fact rather indispensable while the disease lasts.

But what of the old, chronic, obstinate catarrhs, dating from away back, sometimes born in, often remembered from the earliest recollections? Can local treatment cure them? Hardly ever, and then only by so destroying the secreting membrane as to suppress its powers of secretion, with the result of driving the evacuation to some other part. To cure catarrh of this kind in this "heroic" way is often to cause it to invade the lungs and produce more serious trouble there. The origin of chronic catarrhs is manifestly in the whole system, in a lack of balance in the chemical changes and vital functions, whereby the blood becomes loaded with morbid materials which nature finds an outlet for through some mucous membrane. Here it may be well to say that catarrh, as a systemic disease, is not limited to the nose or throat, in its selection of a place of re-

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lief; and in further description of it, as a chronic systemic disease, the ordinary catarrh of the head will not be solely considered, but catarrh, meaning a "down-flow" or excess of mucous secretions of any and all parts where such process may occur, will be considered as included in our considerations. Catarrh of the head, lungs, stomach, intestines, bladder, womb, eyes or ears, may exist singly, or in combination with some dyscrasia or blood disorder, which in turn is dependent upon disturbances of balance of vital functions.

It is not necessary to suppose that precisely the same defects in vital processes are always at the back of a catarrhal trouble. Sometimes there appears to be a state of plethory or over nutrition, sometimes a state of anæmia or short-stock of nutritive material. We venture the statement that catarrh is always a fever, not always just the same fever, not by any means always an appreciable fever, but essentially a fever. What, then, is a fever? It is a burning, an oxidation of tissue, a too hot fire. Our life is essentially a process of burning; it consists in putting on coal (in eating) and sending a plentiful supply of air to the air box (in breathing), while in another aspect breathing (exhalation) is a vent for waste gaseous products of the combustion, and the more fluid and solid ashes are vented through other outlets.

When the human fire is burning just right all the vital processes are normal, but if for any cause the fire burns too hot and fast there is fever, and catarrhal fever is one phase of this sort of derangement. Something is wrong with the coaling, the draught, or the ash-pit. In other words, the food may be in excess or of bad quality, possibly only not well fitted to the special needs of the individual; the air may similarly be insufficient or of impure quality; the fæcal and urinary evacuations may be obstructed or "sluggish." Lastly, the engineer in charge may be on a spree or asleep. By this we mean that through the nervous system may come sources of derangement of the forces of the fire. All nutritive changes seem to be under the control, ultimately, of nervous direction or regulation. A part paralyzed in its "trophic" nervous supply withers or wanes because it hasn't the power to renourish itself without some sort of stimulus from its trophic nerves. A function may, on the other hand, become worn out from too great or frequent nervous stimulus. The nervous system is the engineer in charge. If it become abnormally excited or depressed the fires are badly managed, over-wrought or neglected,

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and the whole machinery is out of order. A "cold" arising from exposure which has caused a "chill" or only chilliness, means that there has been a depression of the nervous system, an interference with or injury to the engineer. A "cold" arising from too much mince pie or other error or excess in diet, means piling on more coal than the furnace can burn at that time and under the circumstances.

At the late Congress of the American Health Association, Professor Atwater, an expert on the subject of foods, declared "that great injury results from over-eating, particularly of meats and sweetmeats," that too many persons of sedentary occupations eat as much as active, hard workers, that "the system is taxed in excretion of the excess of food and thus undermined and predisposed to disease."

One of the diseases thus encouraged is catarrh, and it may not be out of the way of truth to regard most catarrhs as nature's means of relief, a necessary outlet established for morbid material which cannot be otherwise unloaded, and the retention of which would be disastrous. No doubt the forcing out of this matter through various mucous channels is a considerable wear and tear upon their structures, for it has been observed that they wear out prematurely in the doing of this duty, but it is easy to believe that were there no possible vent, even though it be by a diseased or abnormal process, the whole system would suffer more seriously from its retention. Indeed there are states of catarrhal fever, when the fever symptoms are prominent features of the diseased condition, and where the final establishing of a vent of catarrhal matter marks a period of relief from more distressing symptoms.

From the foregoing consideration of the nature and origin of catarrhs it is at once apparent that no local treatment alone will exert a truly curative effect, however useful it may be as a palliative, and it is further apparent that inasmuch as there may be many causes of catarrhs, there must be a variety of resources for their relief; that in every case the hygiene or environment of the patient must be made right, faulty habits must be corrected, and all means possible be made use of to regulate the fires, establish harmony of all vital functions, and "balance partners all round." If the engineer be overworked, not allowed enough sleep, or distracted by enervating dissipations, he must be reformed. No small proportion of catarrhs are in the ultimate

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analysis mainly of nervous origin, and any attempt at cure which ignores this important factor is likely to be found wanting in success.

CAUSES OF CATARRH.

We have said that "no small proportion of catarrhs are in the ultimate analysis mainly of nervous origin," and this when speaking of catarrhs in general, affecting any part of the body, and after making the statement that "catarrh is always a fever." The general disturbance of health which constitutes catarrhal fever, together with the special or localized symptoms which may affect the head (nasal passages), chest, abdomen or limbs, is most frequently the result of what is ordinarily called "catching cold," which is supposed to mean that the person has been subjected in some way to the depressing effects of a cold temperature, by prolonged exposure, draught of air on a particular part, wetting the feet, etc., though often, the sufferer is not aware of how it happened. The frequent occasion of doubt as to the origin of "colds" is due to the fact that they are as often the result of the depressing effects of over-heating, bad air, excesses, or errors in diet or over-excitement of the emotions in anger, fear, grief or pleasure. Whatever the cause, the relation of cause and effect is easily traceable through the nerves, and in the nerve centres. Many persons are peculiarly susceptible to colds in the head by a little draught of air across the back of the neck, whereby it happens that a depressing effect is produced on a particular nerve centre which is also in close physiological relation with the nerves going to the lining membranes of the nose and throat. As a result of a sort of paralyzing effect on the nerves to these membranes they become congested, hot and swollen in the first stage, secrete excessively water and mucous in the second stage, and become dry in the third, until in course of time the nerves recover their control of the parts, and the natural state is re-established. The same process of diseased action may result from a depressing effect on the nerve centres, *reflected* from cold or wet feet, indigestion or the poisoning of the blood by foul air. In some persons the main symptoms are apt to be in the head, in others the chest or lungs, and in others the bowels, liver, bladder or womb.

The man whose system is hardened to the exposures of country life, who knows by experience that he need not fear wet feet in winter, or the many draughts of a barn-like house, would be very

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likely to get a "bad cold" by spending an evening in one of our over-heated and ill-ventilated theatres, or dining with his city friend at Delmonico's on ten courses, including ice-cream; while the city friend, inured to stuffy atmospheres and big dinners, would be pretty certain to catch a "bad cold" were he to visit his country cousin, and sleep in the damp bed of the spare room, and get up to wash and dress without his accustomed furnace heat.

While it is true that many become accustomed to their surroundings, and acquire the faculty of living fairly comfortable amidst unfavorable conditions, there are also many who seemingly never do, and who in consequence are always either on the verge of a new cold, or suffering from one, and often adding a little more "cold" to one already on. Some have a true hereditary tendency, or peculiar vulnerability to the development of catarrh, and always exhibit more or less of its discomforts; but this simply means that they have a very tender, or sensitive state of nervous system, so that it is very easily, by any unusual circumstance, thrown off its balance, letting go its grip on or control of the capillary blood circulation and secreting glands.

A person prone to catarrh is said to have a catarrhal diathesis, and Dr. Jonathan Hutchinson calls it one of the three fundamental diatheses, the other two being the scrofulous and rheumatic; but again he says that the "rheumatic is only the catarrhal affecting the joints," and he might have said with equal truth that the scrofulous is only the catarrhal affecting the glandular or lymphatic system. The fact is that any and all these diatheses or morbid states are simply deranged metabolism, and metabolism is one word for expressing the chemical changes going on in the body as a part of its assimilation (taking in) and elimination (throwing out). If the vital processes be so deranged as to make a pure or impure quality of blood, then there is a state of disease, and as Dr. Hutchinson says, "a diathesis is simply an exceedingly chronic disease," or in other words when a diseased state of the vital functions becomes a habit of the system there is a diathesis which may be called catarrhal, scrofulous or rheumatic, according to its manifestations or symptoms. The nervous system presides over and regulates the action of all the vital organs, as an expert circus rider may direct and restrain many horses by the reins that hold them, and it is by the nervous system also that the size of the smaller blood vessels and the activity of the secreting glands are controlled. So a lowered

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tone of the nervous system means a lack of power to harmonize the operations of millions of glands and to regulate their blood circulation. To be robust and healthy, means to have a "nerve" that is all powerful and watchful, not easily depressed or thrown off guard, and ever ready to resist evil influences and to make one or more parts compensate or do duty for others that may be temporarily interfered with. To lack robust health is to be prone to an easy disturbance of digestion, nutrition, elimination, to have a nervous system which easily lets go its grip or control of one or more organs, so that the harmony is lost, some parts overdo, some fail to do, and many organs are secondarily disordered by the bad actions of others. Generally the first result of this disorder is a state of the blood leading to catarrhal disease somewhere; hence the very common occurrence of colds and catarrhs. A somewhat different disorder, or one more long continued and extensive, leads to scrofulous or rheumatic symptoms, and speaking of these three fundamental diatheses Dr. Hutchinson remarks that "they are well-nigh universal." We can scarcely assert of any one that he is free from them, and the question is rather as to estimation of degree. They belong to the whole human family, and possibly to all vertebrate animals. * * * Every organization possessing a nervous system must be supposed to be capable of manifesting the catarrhal diathesis, for its essence consists in proneness to inflammatory conges tions excited in a reflex manner, through the influence of cold upon the surface. The susceptibilities of the nervous system, however, in this direction differ very greatly in different individuals. These differences are hereditary, and may readily become the possessions of families or races. Not only do individuals differ in susceptibility, but they also vary much as to the special tissues or organs which are most prone to suffer under it. Thus, some catch cold, almost solely in the mucous membranes of the nasal passages, others in the bronchial membranes; and others in the stomach and bowels or even the liver. By tone we mean the power of producing nervous energy. If we speak of the tone as low and poor, we mean that there is but little vigor in resisting irritation and that comparatively slight influences will evoke a large amount of disturbance. The vigor depends, no doubt, on the nutrition of the nerve centres themselves, and it may vary much in different parts. Thus, the tone may be diminished in one nerve district and yet be good in others, while in some instances it is reduced in

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all, simultaneously. The greater the degree of hereditary proclivity, the less is the need for the exciting cause." The less the hereditary proclivity, the greater the resisting power, and the more robust the individual, the more chances he can take, the more he can withstand exciting causes, until in course of time the resisting and recuperating powers of nature have been overtaxed, and then it not infrequently happens that the "brutally" healthy man succumbs to some careless exposure that leads up to a suddenly fatal end.

Aside from heredity, there are what may be called predisposing causes of catarrh that in one sense almost antedate hereditary influences, since they were operative upon our prehistoric ancestors, as well as still powerful in their effects upon us to-day. They are involved in the conditions of living essential to what we call civilization, or the adoption by man of clothing, housing, and other inventions that he deems comfortable and luxurious. It is a long way back to the "natural" state, when men lived much as animals do—that is, it is a long way back to that state, when we look along the line of our own ancestry,—and few ever think what it has cost humanity to acquire the faculty to live in houses and clothes. We can get an idea of it by taking a more convenient look at some of the present inhabitants of this earth, still preserving very primitive modes of life. A German explorer, Mr. Carl Lumholtz, spent four years among the cannibal aborigines of Queensland, Australia, and says of them "they never wear clothes, and the thermometer sinks below the freezing point sometimes. These hardy fellows sleep stark naked on the coldest nights, and do not often take cold. It is, in fact, only after they have adopted the white custom of wearing clothes that they begin to become sensitive, and subject to pulmonary complaints." This observation is only new, as it applies to these particular savages, for it is a well-known fact that other savage tribes have died in the attempt to become civilized to the extent of wearing clothes, and living in houses. Though the process of becoming acclimated, as it were, to clothing and houses, began thousands of years ago, with our ancestors, it is very certain that we are not yet so perfectly adapted to them, as not to suffer some disadvantage from their pathological (disease causing) effects. Consumption (phthisis) is generally regarded as a "house disease," and still stands accountable for about one sixth of all deaths, while catarrh, the forerun-

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ner of consumption, and many other fatal diseases, is largely favored by the wearing of clothing that *smothers the skin*, and by benumbing its action as an excretory organ *throws more work on the internal membranes*. Too much "coddling" is said to be a potent predisposing cause of catarrhs, but coddling began when man put on clothes instead of paint for ornament, and thus found an artificial protection against the elements. The arts of coddling are growing more, rather than less, and there are some, such as muffling the neck, wearing furs on the head, living in over-heated apartments, and riding in close carriages, which might well be promptly dispensed with. The unequal warming of houses is another very constant cause of winter colds, because by any method of heating a room, the floor is sure to be much colder than the region where our heads are, favoring cold feet and hot heads—the reverse of what should be.

Leaving heredity and the predisposing causes of catarrh we find in personal habits, vices and mistakes, active causes of the prevalence and continuance of chronic catarrhs. Dr. E. W. Beebe, in an address before the Homœopathic Medical Society of Wisconsin, remarked that "love of ease is the bane of our people," and deprecated the tendency to lives of inactivity, luxury and ease, the dislike for labor, and inclination to avoid "a good sweat." He says "catarrh has become a national as well as a fashionable disease, and to incorrect habits of living alone is due its many varieties and widespread prevalence. It should be, and is, in those of correct habits, a self-limiting affection, but in those who are daily eating more and richer food than their digestive organs will properly dispose of, it becomes chronic and may last an indefinite period." Dr. Beverly Robinson also says "it is a disease brought on by inattention to simple sanitary rules and imperfect nutrition." It would be quite easy to point out many easy-going folks who escape labor and avoid exercise and yet are not troubled with catarrh, while many a hard laborer who has to sweat for his dollar daily is bothered with it. The real problem is to so arrange one's habits of eating and exercise, work and sleep, as to maintain a good balance of forces and functions; and perhaps the most difficult factor of this problem is the deciding upon the right kind and amount of food. As to the latter it is probably true that the majority of people in this country, where food of all kind is comparatively plentiful, eat too much, overload the stomach and intestines, gradually induce fer-

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mentation in place of true digestion, and excite catarrh in the stomach and catarrhal fever in the blood; and those who eat too much of hearty foods, such as meats, eggs, milk, fats and sweets, (that is, more of such food than their habits of life permit), get clogged, torpid liver, constipation, and obstinate catarrh as a sort of vicarious atonement. (It has been discovered that catarrhal mucous contains one ingredient belonging to the class of waste substances, which is normally eliminated by the liver.)

In considering the personal equation—or the relation of the individual's habits to his catarrh and his responsibility for it—it is proper once more to recall the neurotic nature of catarrh, the fact of its being a nervous disease, and one which is aggravated by any cause operating unfavorably on the nervous system to exhaust nerve power or vital energy. Overwork, lack of sleep, excessive emotional excitement, dissipation of all sorts or over-indulgence of the passions—in fact, any and every act which may tax beyond the normal the powers of endurance and recuperation—may so lower the tone of the nervous system as to induce or aggravate the catarrhal diathesis.

Climate as a cause and cure for catarrh is much talked of. At a late meeting of the New York County Medical Society, with this subject up for discussion, two physicians who regarded catarrh as a disease of malnutrition (rather than a mere local affection), advocated "a suitable climate" as one means of treatment. It is perhaps worth bearing in mind as of possible utility, especially in the form of catarrh called Hay Fever; but the fact that go where you will over the United States the average of catarrhal affections is about the same, shows that climate is of small account.

To present this view of catarrh as a neurosis, or the catarrhal diathesis as a result of a state of oppression of the nervous centres in whole or part, is not to set aside any other views as to its constitutional origin, its dependence upon malnutrition, indigestion, liver torpor or blood impurities, but is rather to correlate or combine these ideas as to its origin and nature, so that we get a more comprehensive view of the meaning of catarrh and its relation to a state of ill health. We thus appreciate at their value, all causes that may contribute to its occurrence, and see the explanation of its prevalence alone and together with a great variety of other diseases, from the fact that almost any degradation from the standard of perfect health implies more or less of the disturb-

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ances which are part and parcel of catarrh. We may say that from that high and pretty narrow plateau which we designate as good health the broad highway that leads down to inferior states is paved with the causes of catarrh, while at the other end it branches out into a few well-worn avenues leading to degeneration of vital organs, such as consumptive diseases of the lungs, bowels, kidneys, nerves and joints.

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LITHOLAPAXY.*

AFTER a study of seventy-eight operations for stone by litholapaxy, or rapid lithotrity, the conclusion arrived at is that it is the most successful method of operation in all cases to which it is applicable. These are 1st, in cases in which the stone is of moderate size; 2d, in adult persons; 3d, where cancerous disease or other abnormal tissue formations of the bladder and prostate are not present. In these cases the operation is particularly to be recommended as one in which, in skillful hands, the high death-rate of suprapubic lithotomy and perineal section may be avoided and results obtained in every way more satisfactory.

The exceptional cases represent about 2½ per cent. of all cases coming under observation in a practice of fourteen years. In 97½ per cent. therefore, this method of removing stone is recommended.

One death is reported, that occurred three days after operation from suppurative nephritis, the bladder being found on autopsy free from injury, and of healthful appearance. Another death occurred six weeks after the operation. This was due to suppuration and abscess of the kidney, from the irritation of a stone in one of the calyces. This is not to be counted as due to operation, but to other causes. The first patient was a vegetarian, of 72 years of age, and was in feeble condition, as the results of exposure from army life; the second was 63 years of age; and both had suffered with stone for over ten years.

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*Read before the National Eclectic Medical Association, at Niagara Falls, N. Y., June 19, 1890.

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We have in this method of removing stone by crushing, and washing it from the bladder by means of a bulb, and large metallic catheter with an eye equal in size to the internal calibre of the catheter opening, a plan that is free from such risk as the pus poisoning that follows cutting procedures. As soon as the shock of operation is over—and it is generally slight—the patient is in comfortable condition, and able at once to urinate naturally.

Cocaine anæsthesia is particularly recommended in the removal of all small stones. A 3 per cent. solution, used freely in the bladder and moderately in the urethra, gives freedom from any severe pain; and from the small amount absorbed no general prostration, or after vomiting is felt.

Preparatory treatment by quiet, diuretic infusions, opiates to secure rest of the bladder, and laxatives, are of great value. Heart tonics are also indicated in cases of the aged or weak. The average time for convalescence is within ten days. In the majority of cases relief is experienced, and improvement is immediate, particularly where the work is skillfully done, and the urethra and bladder are left uninjured.

I will not take up the valuable time of the Convention in a general summary of cases, nor bother with the exhibition of the large number of calculi removed; but the following two unique cases will perhaps be interesting:

The first case is that of a young man, 21 years of age, who while engaged in manipulation of a stick of gum, drew it into a long round mass and inserted it into his penis. When well in, he found that it suddenly slipped from his grasp, and all efforts to seize and extract it were unavailing. This occurred on the 25th of April. He immediately applied to a physician, who endeavored with some instrument, probably a common small forceps from a pocket case, to extract it, but was unsuccessful. One week later he gave the young man chloroform, and endeavored to extract it with the long æsophageal forceps. He caused considerable hemorrhage of the bladder and urethra by the introduction of the forceps, but did not succeed in securing the long mass of gum. The patient applied for assistance on the 20th of May. The foreign body had been in the bladder for a period of twenty-five days. It was speedily ascertained to be in the bladder. About half an ounce of a 3. per cent. solution of cocaine was injected into the bladder, the Charriere Spoon crusher was introduced, and the mass of gum

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broken up. It was then readily washed out by means of the Bigelow Evacuator. The piece which is here presented for your examination (showing specimen) is about six inches in length, and presents a well marked formation of phosphatic deposit around it. A large amount of this was shelled off and lost in process of removing. The patient suffered no inconvenience or pain from the treatment, nor was he confined to bed, or bothered by any urinary irritation. He was up and around the next day feeling as well as usual. A little soreness had been experienced from the presence of the foreign substance in the bladder.

The second case is that of a minister, 41 years of age, who had been troubled with a stone in the bladder, for which he was forced to use a catheter. He had also become accustomed to the use of morphine, for relief of the discomfort. He was advised by his physician to spend three or four weeks in the North-west of Canada, for recreation, and the improvement of his general health. While there he ran out of lubricant for his catheter, and after using various substitutes, such as bear's grease, and deer fat, or tallow, he finally had to resort to salt pork, of which he used the fatty part and also the rind. He was in the habit of cutting a thin slice, wrapping it around the catheter, and inserting them both in the meatus, which was very large, and then pushing the catheter on through it. In this manner he avoided any severe pain in the introduction, and was able to draw his water. Sometimes pieces of the pork would pass in with the catheter into the urethra, but this was always voided as soon as he came to pass his water naturally, which he did a part of the time. Evidently at some time a piece of the pork became retained.

This patient was treated in the usual way by injection of cocaine into the bladder and urethra, and a stone of a considerable size was crushed and washed out. A soft mass was frequently felt in the jaws of the Bigelow Crusher, but was frequently thrown out of the way, as the operator supposed it to be a fold of the bladder. Towards the last of the evacuation with the Bigelow Evacuator, a large piece of pork-rind was engaged in the mouth of the instrument, and partially stuck into its calibre, and was withdrawn with it. A piece of pork-rind measuring two inches and a half in length, and nearly a half inch in diameter, was thus extracted from the bladder. One-half of it is shown here (showing specimen), the balance was used in microscopical examination, and in

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some manner lost. The patient suffered slightly from hemorrhage after the operation, but this disappeared at the end of a few hours. With the exception of a slight febrile reaction he did nicely, and in three days was around and out. He has since experienced entire freedom from trouble. He expressed the greatest surprise imaginable at the evacuation of the pork-rind, as he stated that he had never known of a piece being retained, although probably it may have passed on into the bladder by the action of the ciliated epithelium. Attention has been called to this action of the ciliated epithelium of the urethra, by numerous writers. It has been depended upon in several instances, for the overcoming of what was otherwise a bothersome stricture. In these cases it has sometimes been found that the introduction of a soft rubber catheter into the urethra, and its retention there, would, after several hours' time, result in the catheter's being carried into the bladder. There is a possibility of this, although it is doubted whether the cilia of the urethra possess the strength to carry onwards such a ponderous instrument as a catheter.

LEE H. SMITH, M.D.

Buffalo, N. Y.

REPORT ON NEW REMEDIES.*

I DESIRE to submit a brief report on the use of Menthol, Peroxide of Hydrogen, Resorcin and Sulfonal.

Menthol.—I have been in the habit of preparing a solution of this drug as follows :

℞. Menthol Crystals..... 3 i
Oil of Cinnamon.
Oil of Cloves.....aa., ♏ xx
Alcohol,..... 3 iv.
M.

This solution I have found much superior to anything I have used topically in relieving neuralgic pains of mastoids, head, face, or ear. Toothache, frontal-headache, any violent pain due to

*Read before Section B., at the Niagara Falls meeting of the National Eclectic Medical Association.

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irritation of nerve centres or branches of the same, will yield promptly to this remedy; but should ulceration be going on in or near any of these centres it fails to be of service. In severe frontal pain of a catarrhal origin, the open container of this solution held close to the nostrils, so that the fumes can be inhaled, will rarely fail to give relief. I prefer the solution to any unguent containing the crystals, not only because it is so much more cleanly and convenient of application, but chiefly because it is so much more quickly absorbed by the skin. The strength is also retained with much more certainty than is possible in cerates.

Peroxide of Hydrogen.—I rely upon peroxide of hydrogen as the best and safest deodorant and antiseptic, of all those that have within the last few years been vaunted for their excellent properties. Like the pure oxygen of the atmosphere, it is odorless, and this is no small trait in its usefulness. I employ it in all such cases as those arising from depleting fevers, bronchial affections, or where the venous circulation gives evidence of the presence of an excess of carbon in the blood. But it is for its specific action on relaxed mucous surfaces, whether of the bronchial ramifications, the vocal chords, or the larynx, that I prize it most. For three years I have been employing the following:

℞. Peroxide of Hydrogen..... 3 iii
Solution of Menthol..... 3 i
Water..... 3 iv
M.

This is to be used in a Cutter's inhaling apparatus, through which the patient breathes an atmosphere laden with the vapor of the mixture. The effect is two-fold—the primary is stimulating, promoting expansion of the constricted bronchial capillaries, and giving more freedom of respiration; the second, is the absorption of the abundant fluids confined within these vessels, at the same time gradually arresting further secretions. These obstructions to the pulmonary circulation being removed, the heart obtains rest, the voice becomes more clear and sonorous, and all the distressing conditions so often witnessed in paroxysms of bronchial catarrh and asthma ameliorated.

In laryngitis it has given more prompt relief than any other remedy I have ever used. A few weeks ago, a farmer entered my office, saying: "That was the cheapest fee I ever paid," as he

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laid down an apparatus charged with this solution, which had been used by his daughter a few hours before her death from this distressing disease. Continuing, he said, "it gave her relief at once, and when she could not retain the tube within her lips any longer by her own effort, we held it there, and to the last her breathing was quiet and easy." All through her sickness, this young person had been under the care of "regular" physicians, who had doubtless employed their usual methods in such disease, for months previously, with no better result than a daily loss of flesh and strength until the end came. The parents hearing of my method obtained the consent of her medical attendant to use it, if my consent thereto could be obtained. This I readily agreed to, and hence the result I have named.

In the evening exacerbations of phthisis I have found it to give relief by promoting an easy and free expectoration. In pneumonia after resolution has begun, it has given very happy results, materially hastening convalescence. I have also prescribed it in chronic tuberculous infiltration of pharynx and tonsils.

A lady *æt.* 34, of a strumuous diathesis, wife of a farmer resident some ten miles distant, came to me in March, 1889, seeking relief from what her physicians pronounced chronic tuberculosis. The throat generally was in an inflamed condition and covered with fine granulations, the tonsils were enlarged and the voice was thick and husky. This, she said, had been her condition for years past, but when suffering from cold, to which she was subject on sudden changes in the weather or indiscretions in dress, it was much worse, rendering deglutition difficult and power of conversation very limited. The treatment consisted in first painting the throat four times a day with soda salycitate and benzoate, equal parts, in glycerine, with ten drops of oil of eucalyptus added to two ounces of the menstruum; and then in ten minutes afterwards swabbing the throat with real warm water. By this means the irritation and granulations were greatly reduced. This being accomplished an apparatus with a supply of mentholated hydrogen was given her for inhalation once in two hours, for fifteen minutes. This she has continued to the present time, only less frequently, with a result beyond conception. The voice is clear and ringing, the throat free from granulations, the mucous membrane normal in appearance, with less tendency to cold and the general strength greatly increased.

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Resorcin.—Resorcin is a remedy of great power in eczema and cutaneous disorders attended with serious discharge. It also acts powerfully on warty excrescences of the skin. I have used it in a number of such cases, some of which were attended by a stinging, burning sensation, more or less present through the day. In each case its application removed them without return. It acts as an escharotic, producing an eruptive crust, which falls away in a few days, leaving a clean surface. In such cases I first moisten the excrescence, and with either the finger or a small sponge apply the powder. In resorcin I believe we have a specific for epithelioma, and in the early stages I should not hesitate to use it with a view to its abortion. I have used it also in two cases of local tuberculosis. One was situated on the left of upper lip in a man who for years past has had, at intervals, prolonged "sprees." The fever ran high, and the whole face was much congested and swollen. At first slippery elm poultices were used until the true nature of the disease made itself apparent by numerous pus cells. The whole of the tissue from the left nasal orifice to the mucous membrane of the lip was honeycombed with pus starting from each sac. From this time the following was employed exclusively: ℞. Resorcin, ʒ i; Glycerine, ℥ i. M. This solution was applied on absorbent cotton and covered with oil silk. The result was a perfect cure without the least deformity remaining.

In a second case a lady *æt.* 50, recently applied for relief from throat distress, which she said had been increasing for two years. On examination I found, midway between the tonsil, to the right of the centre line, a brown crust, the diameter of which would measure fully a quarter of an inch. It had an inflamed base, from which she had often perceived an offensive discharge. My treatment consisted of: ℞. Resorcin, ℈ ii; Solution of Hydrastis and Bismuth (Merrell's), ℥ i. M. This was painted over the affected part once in three hours, and in 15 minutes afterward the throat was swabbed with water as warm as could be borne. In about eight weeks the crust was gone, leaving a deep pit covered with an entire mucous membrane, with a general improvement of the entire throat. It is right that I should add that in each of these cases constitutional treatment was employed.

In purulent discharge of otitis media with offensive odor, I employ the following with most satisfactory results: ℞. Resorcin, grs. xv; Sol. Hydrastis and Bismuth ʒ iv; Water ʒ iv.

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Sulfonal.—Sulfonal in doses of ten grains has yielded me excellent results in cases of continued insomnolence, where opiates were not tolerated and sedatives had failed totally to produce sleep. So far I have seen no unpleasant results, the sleep being natural and refreshing for six or eight hours.

HENRY POVAL, M.D.

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DECAY OF BODILY STRENGTH IN TOWNS.

FOR some years, both in the press and on the platform, I have been endeavoring to draw public attention to the degeneration which, to my mind, is taking place in the physique of our town populations. I have been asked for proof of this assertion. Statistical proofs of this, to me self-evident, proposition are very hard to furnish. It is said that the statistics of army recruiting should demonstrate the truth; doubtless they would, if all recruits enlisted in towns had been born and brought up in them; but it is notorious that this is not the case, inasmuch as all the principal recruiting stations are in the cities, and if a country lad desires to enlist, he must do so by first visiting the town. This fact must at once upset all theories founded on the statistics of town recruiting for the army; but taking town and country recruits together, out of 64,000 men who enlisted in 1884, no fewer than 30,000 were rejected for physical incapacity, a proportion which cannot fail to give occasion for very serious reflection. Indeed, the difficulty of obtaining recruits for the army possessed of adequate physical strength has become so great that a general order has now been issued, in which great discretion is given the recruiting officer and doctor in passing men, the authorities trusting to the military gymnasium to bring the men after enlistment up to the proper standard. Mr. A. Alexander, director of the Liverpool Gymnasium, who is a most energetic promoter of physical education, gave, a short time ago, a course of instruction to the soldiers at Aldershot. He states that he was surprised to find that many of the recruits were unable to raise their bodies by the strength of their arms until their chins were level with the bar! And these are the defenders of our country! The fact that Lord Wolseley is now crying out

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for the authorities to supply him with men with large chests instead of large heads, proves that our most eminent general recognizes the gravity of the situation.

It is not possible either to place any great reliance upon the statistics of health in our large towns. These also are, to a certain extent, useless for our purpose, inasmuch as an emigration from the country to the town is in constant progress at the rate of from fifty thousand to sixty thousand souls per annum. This stream of vigorous country life flowing into the towns tends to raise unduly the standard of health in the latter, whilst the children of these fifty thousand sturdy men and women are probably more robust than those whose parents were born in the town. If we could isolate the city and could prevent all intermarriages with the country, the degeneration in the physique of the inhabitants of the former would probably be so marked as to horrify the public, and would arouse a sense of national danger which would command the attention of Parliament and the country.

The danger of the situation lies in the gradual nature of the physical deterioration which is taking place in our midst, and in the fact that whilst our purely rural population is decreasing in numbers our town-bred men and women are augmenting at the rate of three hundred and forty thousand a year. But though it may be difficult to prove by statistics that our urban is less robust than our town population, and that each generation of pure city dwellers is less robust than the previous, it is only necessary for an intelligent man or woman to walk through the slums of our great towns in order to assure himself or herself, beyond all question or doubt, that the physical condition of the people in these crowded districts is, to say the least, unsatisfactory, and one of which no Englishman can well be proud.

Now this being so, and given the annual increase of our urban population as stated above, surely we have a strong *prima facie* case for asking for a Royal Commission to inquire into the physical condition of our people. If the result of the Commission be to show that all our fears are unfounded, and that our town population is the equal of the country, we shall have every cause to rejoice ; but if, on the other hand, it is shown, as I firmly believe it will, that large numbers of the inhabitants of our cities are physically unfitted, though in the prime of life, to defend the country in time of war, or to carry on her work in peace, a growing but a

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hidden danger to Great Britain will have been revealed, and the first step will have been taken towards the reform of an evil which would ultimately lead to a degeneration of the race and to national effacement. But only the first step; for though no reform be possible until the evil to be reformed be known and recognized, further steps must be taken if a cure is to be effected. In this instance the remedy which naturally suggests itself is the minimizing of the unhealthy conditions of urban life which have led to such a sad result; in other words, the better housing of the poor, the establishment of breathing spaces, such as parks and playgrounds, and the feeding of the children in the National Schools, as is done in Germany and France, where each child is supplied with a midday meal, which he can purchase at a very cheap rate (in Germany, if the father is too poor to pay, the meal is still given, and the father is either summoned for the price, or must declare himself a pauper, in which case the meal is supplied out of the rates), the due enforcement of sanitary laws, and finally the compulsory training of all children attending Board and National Schools in gymnastics and calisthenics. In order that the physical training given in the schools shall be efficient, it is necessary that it should be included in the code of education, and that grants should be given for proficiency, just as is done in the case of intellectual training. It should never be forgotten that the mind is not likely to be healthy unless the body is in a sound condition, and that if intellectual studies were varied with physical exercises we should hear less of over-pressure and of the difficulties of getting the children to attend school. Physical exercises, especially when performed in masses and with song, are extremely attractive to children, and have been found to improve greatly the discipline of the schools into which they have been introduced. The School Board of London have taken a useful step by the introduction of Swedish musical drill among the girls attending their schools. These exercises require no apparatus and are easily learnt, and I do not know a prettier sight than to see a group of happy girls practicing to the sound of their own merry voices the graceful movements of the Swedish musical drill.

I hope that within a short time there will be no school within the United Kingdom which will not teach gymnastic exercises to its boys and Swedish drill to its girls. Almost every nation in Europe, with the exception of ourselves, has established such a system of

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compulsory physical training, and spends large sums of money in strengthening the bodies and nerves of its future citizens. We alone neglect this precaution. Do we believe that there is something in British flesh and blood which is able to withstand the deteriorating influences of bad air and food, and want of healthy exercise? If so we are living in a veritable fool's paradise, and when the stress of national danger arrives we shall find that our men are made of different stuff from those who fought and conquered the combined armies of Europe. Those men were mostly reared in country homes, on wholesome though maybe coarse fare, and under the pure canopy of heaven, not fed on white bread and adulterated beer or spirits, working in cellars and warehouses into which the full daylight seldom or never penetrates. How is it that we are so behind other nations in this matter of the physical education of the people? I believe it is because our middle and upper classes hold such a high place amongst the athletes of the world, that we are blind to the deficiencies in this respect of their brothers of a lower station in life.

I do not suppose it would be possible to find more perfect specimens of young healthy manhood than are to be seen in our large colleges and universities, but this should only make the contrast between their condition and that of the young lads who hang about the public houses and roam the streets of our large towns more apparent and more startling. These young men want not only physical development, but the discipline which a course of gymnastic training would give them. It is now eighty years since Germany first established the Turnverein, or National Gymnastic Association, which by its thorough and systematic training of the entire population in gymnastic exercises, strengthening to the body and nerves, and productive of physical courage, many believe to have been in no slight degree instrumental in the thorough defeat which the French sustained at the hands of the Germans in 1870. The French seem to think this partial explanation of their defeat to be not without some possible foundation in truth, for since the war they have taken steps to teach their youth to strengthen their bodies by manly exercises. Perhaps it will be necessary for us to undergo some such national humiliation.

I trust, however, that we shall learn our lesson without infliction of punishment, which may overtake us in other ways than by the means of the sword. The arts of peace cannot be carried out

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successfully by men and women feeble in body and weak in health. Physical strength is almost as much required in the peaceful contests of every-day life as in wars ; and other things being equal, the nation which has the healthiest and sturdiest human material with which to work, will produce the best and most salable manufactures. We are as a nation, dependent on the productions of our hands and brains. We cannot produce in these islands food sufficient to supply our necessities. We must therefore purchase it, and we can only purchase it by manufacturing for our neighbors, and thus earning money sufficient to pay for the food we buy. It is therefore imperative that we shall be able to make better goods than our neighbors, in order to attract their custom ; and how can we hope to surpass them in the excellence of our manufactures if the intellect of our designers is weakened by bad health, and the bodies of our artisians and laborers are suffering from lassitude and depression?

This question of Physical Education is one, therefore, which all classes of the community should support : the working men for their own sakes and for that of their children ; the military and naval men for the reputation of their country's arms ; philanthropists and divines for the love of their fellow men ; employers and capitalists for the sake of improved trade ; and statesmen lest they find that the British which they profess to govern is sinking before their eyes, borne down by no foreign foe, but undermined through physical causes which might have been avoided but for the blindness and obstinacy with which they have fixed their gaze on distant objects and questions of *haute politique*, to the neglect of nearer and less interesting, but more indispensable reforms connected with the health and physique of the people of Great Britain and Ireland.—Lord Brabazon, *in The Nineteenth Century.*

THE PLASTER JACKET IN SPINAL DEFORMITIES.

In speaking of the treatment of Potts' disease, as well of lateral curvature of the spine, I have long advocated the use of the plaster-of-Paris jacket as first recommended by Dr. Sayre. This with the accessories and modifications that have been suggested from time to time during the past decade, stands to-day as the

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most rational, most comfortable, and most successful apparatus that has ever been devised for the treatment of spinal curvatures. Yet he who applies it successfully, must have some mechanical knowledge, and must be familiar with the details of its application.

For the proper application of the plaster-of-Paris jacket, the surgeon must be supplied with a seamless shirt, plaster bandages, a flexible strip of lead, a suspension apparatus, and, if the disease is in the cervical or upper dorsal region, a jury-mast.

The Seamless Shirt.—The seamless shirt must be knit to fit the patient, as it is put on as a foundation for the jacket, and must not be so large as to wrinkle. In ordering this shirt, it is only necessary to give the bust measure, and desired length in inches, and the length should be about double that from the axilla to the great trochanter. This admits of the shirt being turned up over the outside of the jacket, to form a cover when complete. The material is now knit in long pieces of fair average circumference, and can be cut off any desired length.

Plaster Bandages.—These bandages are made of crinoline cloth, which can be procured at any dry goods store in pieces of twelve yards each. This should be torn about three inches wide and six yards in length. These strips are laid out on a board or table, and well sprinkled with the plaster-of-Paris, which is rubbed into the meshes of the cloth, till they are thoroughly filled, and it is best to leave a very thin layer of the plaster on the surface of the bandage. When a section of the bandage is thus treated, it should be rolled up the same as an ordinary roller bandage, and when finished, it is tied ready for use. It is important that the plaster be of the best quality, and perfectly dry, for if these precautions are not observed, it will crumble, and make an imperfect jacket. If the plaster is damp, it may be placed in a pot on a stove, and roasted till all the moisture is driven off.

Those who prefer it can purchase the bandages from John Reynders & Co., or any dealer in surgical appliances, put up in oiled paper or tin boxes, ready for use.

Strip of Lead.—The strip of lead is used to get the exact shape of the spine before the suspension. This can then be marked on a sheet of paper, and when the patient is suspended the shape is again taken and marked on the paper, so as to demonstrate the change made in the shape and position of the spine.

It is also necessary to procure the exact curvature of the spine,

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as well as the curves of the neck and head, when ordering a jury-mast. This should be done in advance, so as to have the jury-mast at hand ready for use when the jacket is applied.

FIG. 1.

Suspension Apparatus.—The suspension apparatus is composed of a strong iron cross-bar with an eye in the centre, from which are suspended well-padded loops to pass down under the occiput and chin and also under the axillæ. The whole is attached to one of a set of compound pulleys, and the opposite pulley is secured to the ceiling, or under the door-casing, if of sufficient height. The apparatus is represented in position in Fig. 1. The straps of the loops are supplied with buckles and numerous holes so that they can be adjusted to fit any patient. The compound pulley renders the suspension of even an adult very easy.

The Jury-Mast.—The annexed cut, Fig. 2, represents Dr. Sayre's jury-mast, which consists of two pieces of malleable steel (E E) placed one on either side of the spine, and which can be bent so as to accurately fit any curve in the plaster-jacket. These unite so as to form a short centre-bar (D), to which is attached by screws the long curved centre bar (C). Two or three strips of perforated tin (F F) are attached to each of the side bars, which are wound around the body of the jacket, so as to give additional support to the jury-mast in its incorporation into the jacket. The bar (C) is curved over the top of the head and to its anterior

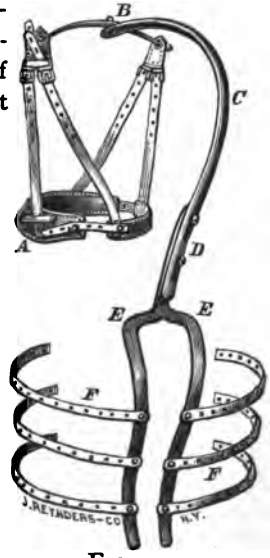

FIG. 2.

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extremity is attached a swivel-bar (B) from which is suspended an adjustable chin-piece (A), which supports the weight of the head.

In ordering the jury-mast the exact shape of the spine should be taken with the lead strip, and then traced on paper. Then the points opposite the upper and lower borders of the scapula, and the crest of the ilium, also the affected points in the spine should be marked. The circumference of head from under the chin and over the head, and also around the chin and back of neck, and circumference of body at crest of the ilium should be taken, and sent with the above tracing to the instrument maker.*

The Application of the Jacket.—The seamless shirt is put on, inside out, and drawn down as tightly as possible by means of a handkerchief fastened in front and behind in the form of a perineal strap.

Before fastening the shirt, however, a pad of muslin should be placed over the abdomen, and another across the thorax, on a line with the axillæ, and held in position by the shirt fastened at the perinæum and over the shoulder. If the patient is a female additional pads must be placed over the breasts, so as to insure the breasts from undue pressure. These pads must be adjusted with care, so as to afford space for the distension of the abdomen and a free respiratory movement of the lungs.

The patient is then suspended and close attention must be given to the amount of extension made on the neck. This should simply extend the neck fully before the axillary extension is felt. As the head and shoulders are thus drawn up the spine is straightened by the counter extension of the weight of the lower part of the body. The extension should be continued till only the toes rest on the floor. If the most of the extension comes on the occipit, the patient is very liable to faint, and thus occasion serious trouble. Proper precautions will prevent this, however, and also secure a good result.

When the extension is complete, everything is ready for the application of the bandages. These should be placed on end in cold water, two or three at a time, and allowed to remain till the air bubbles cease to rise, when they are ready for use. The bandage is then taken in the hand and the surplus water squeezed

* This as well as other instruments represented in this article can be procured from John Reynders & Co., 303 Fourth Avenue, New York City, to whom we are indebted for the illustrations.

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out. Then commence to wind it around the pelvis about two inches above the great trochanter, and continue winding it around the body, in such a way that each layer overlaps the previous one about a quarter of an inch. One roller after another is used till the body is encased to a point well up under the axilla. The bandage should never be twisted, but simply smoothed down with the hand, and thus made to conform accurately to the shape of the body. From four to six layers may be applied, according to the strength required for the case in hand.

The patient is now kept suspended till the plaster sets, when he may be placed in a recumbent posture on a soft mattress or rubber water bed till it is thoroughly dry.

Before the plaster has set completely one hand should be placed in front of the ilium and the other over the buttock, so as to press the cast together and thus relieve the pressure by increasing the space over the crest of the ilium. It is best to leave the jacket solid, so that it cannot be taken off, in all bad cases of Pott's disease. In such cases the edges should be trimmed, so as to allow the patient to stand, walk, or sit on a low seat without discomfort; at the same time leaving the jacket high enough to support the weight of the arms and shoulders from the spine. The shirt can then be turned up, stretched smoothly over the outside of the jacket, and fastened at the top. If desired the edges can now be bound with chamois skin.

When the cervical and upper dorsal vertebræ are involved, the jacket is applied and allowed to dry as described above. Then the patient is stood up and the jury-mast is applied to the back of the jacket and carefully adjusted. The perforated tin strips are then wound around the sides of the jacket and held in position by one or two additional plaster bandages. When these dry a firm support is secured from which the head can be suspended by properly adjusting the movable bar C., Fig. 2.

This method of treatment first extends the spine while in the erect position, and the jacket and jury-mast make it impossible for it to sink down again. The relief obtained is noticed immediately, but sometimes there will be a little muscular soreness resulting from the dampness of the bandages. This soreness must not be mistaken for the results of a misfit jacket, and the patient should be told that it is likely to occur.

It must not be supposed that these jackets can be worn without

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some discomfort. The complete fixation of the spine renders many of the usual motions of the body impossible, and some time must elapse before the patient can become accustomed to moving round in this fixed position. Even in this respect, however, it is no more objectionable than the various kinds of braces formerly used.

When a jacket is properly applied, it may be worn three or four months without removal. In cases where the deformity is very marked, it is not wise to attempt complete extension at first. It should only be carried to a point where it will relieve the breathing, and the constriction of the body. In this position the first jacket may be applied, and should be worn about three or four weeks. Further extension can now be made, and the second jacket put on. In this way, a new jacket every month or six weeks, will soon completely straighten the spine, and then a longer time may elapse before changing.

In cases of lateral curvature, when the plaster has set, the jacket should be cut down the median line in front, with a sharp curved knife with a ball on the point. It is then carefully sprung open so as to remove it from the body, and immediately brought together again and fastened with a bandage. It is then left for twenty-four hours to dry thoroughly, after which the patient is again suspended, and the jacket sprung around the body. The patient is then removed from the suspension, and the jacket properly trimmed, care being taken to cut it out enough around the groin to allow the patient to sit with ease on an ordinary chair. It is then removed and sent to an instrument maker, who turns up the shirt so as to cover the outside of jacket, binds it and fastens two rows of eyelet-hooks in front. It is then returned ready to be sprung on and laced, as represented in Fig. 3, and makes a comfortable corset. A tight fitting shirt can now be worn under the jacket.

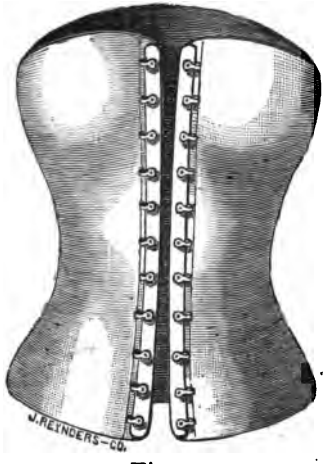

Fig. 3.

In all lateral curvatures the jacket should be removed at night, after which the patient should use the self-suspension for half an hour before retiring. It should be applied in the

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morning while the body is suspended in order to insure its proper adjustment.

It is sometimes advisable to fix the jacket for lacing, even in cases of Pott's Disease ; but it should only be removed to bathe the body, and change the undershirt, and that even only when the patient is fully suspended.

In all cases of either form of curvature, the treatment is greatly supplemented by the daily use of Sayre's self-suspension apparatus, as shown in Fig. 4. It consists of a compound pulley attached to a cross-bar, on which is suspended an arrangement to support the head. The pulley may

Fig. 4.

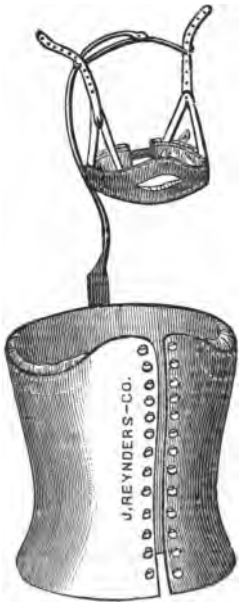

Fig. 5.

be fastened to a hook in the ceiling, or to a tripod, and with the head supported the patient draws himself up so that only the toes reach the floor, and then swings back and forth. In ordering this apparatus, the weight, and height, and measurement around the chin and back of the neck must be given. This exercise should be

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repeated several times a day, and continued for half an hour at a time. When the deformity is entirely overcome, a cast of the body may be made from the last jacket, and on this a leather jacket can be made which is light and durable, and can be worn in place of a corset, till it is considered safe to dispense with further support.

This jacket is made of hardened sole leather, and is provided with eyelets for lacing in front.

When Pott's disease of the cervical vertebræ is met with in a person who is fully grown, it is economy to attach the jury mast to the leather jacket as shown in Fig. 5.

At another time I will describe the various modifications of the plaster of Paris jacket that have been introduced, and report a few cases to demonstrate the remarkable results I have obtained by this mode of treating spinal deformities.

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IS VACCINATION A FRAUD?

SEARCHING examination, like affliction, is sometimes not pleasant, but grievous; but, also like affliction, it often yields very valuable fruit. The historical criticism of Strauss and Renan caused much tribulation among orthodox theologians; Creighton and Crookshank are making the dry bones of medical dogmatism shake and tremble with the same weapon. No man and no thing need expect in these times to escape the most ruthless investigation. One of the shortest cuts to fame is to attack with boldness and skill cherished institutions. Whilst orthodoxy, though supported by learning, virtue, and the highest ability, may leave its supporters in complete and permanent neglect, heterodoxy, even of a flashy and comparatively unsubstantial kind, brings a man into notice at once. There are thousands of clever young fellows eager to make names for themselves; and nobody knows better than they the difference between the short cut of scientific or religious heterodoxy, and the long, wearisome, and uphill journey of patient and meritorious work. It is not to be wondered at, therefore, that established institutions of every kind should be constant objects of attack and defense.

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Many worthy persons shed unavailing tears over this tendency of the human mind to question what is, and to deny its right to continue. That is not the temper of science; it is not the conclusion of reason; it is not the way of progress and development. Man must question, exactly as he must eat, and love, and worship. It is his nature. He has been so made. He can no more resist the impulsion to question and to deny than he can check his tendency to growth in youth and to decay in old age. It is high time, in view of the unparalleled developments of science and the equally extraordinary increase of scientific capacity during the last half century, that the whole question of vaccination be made the subject of competent re-investigation. Even if compulsory vaccination were not a State institution, the mere fact of the general practice of so peculiar a method of prophylaxy would demand the thoroughest reconsideration at the hands of scientific men. But when every healthy infant in the kingdom is compelled by statute to undergo a surgical operation. and to pass through a critical disease in the interests of the public; and when the warrant for such an enactment dates from what may almost be called pre-scientific times, it is evident to every mind of any critical capacity that the day of judgment for compulsory vaccination has fully come.

The Inquiry Commission which is now sitting on this subject has no holiday task to perform. The friends of compulsory vaccination are numerous and strong. Its enemies are eager, resolute, full of expedients, and have recently received reinforcement from an unexpected quarter. Professor Creighton, was a redoubtable champion; Professor Crookshank, of King's College, promises to be a still more ardent fighter. He has published a book which in point of mere size and price is formidable; whilst as a storehouse of industrious research it is of great value. Professor Crookshank, if his contentions can be maintained, will not only overthrow compulsory vaccination but will destroy the reputation of vaccination itself as a prophylactic. This latter seems a fact of much deeper gravity than the mere question of compulsion. If vaccination is discredited the results will be not merely the destruction of Jenner's reputation, which we all might survive, but also the blasting of the proud fame of the whole medical profession of modern times, and in every civilized country. That is the issue which is really being fought out before the Royal Commission; and it cannot be wondered at that doctors as a class, and especially those of name and

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high repute, should await with some trepidation the result of the Commission's inquiries.—*The Hospital.*

THE ECLECTICS OF ALABAMA.

FEW Northern Eclectics have an adequate conception of the difficulties which have beset their brethren in Alabama. For years there has been a severe contest in courts, counties and Legislature, often under most discouraging odds. The purpose was to root out utterly every vestige of medical dissent, whether Eclectic, Homœopathic, or liberal in any form. A statute was procured from the Legislature, placing the supervision of medical practice in the hands of a State Board of Censors, aided by boards in each county, all receiving their appointments from the Old School medical societies of the State and counties. No person attempting to begin practice in the State was permitted to do so except he had been authorized by some of these boards.

Dr. Jerome Cochran of Montgomery, Health Officer of the State, was the executive authority of the politico-medical machine. He had been a professed Eclectic, but had turned to the strongest party, and like other perverts excelled all common men in bigotry. It was, as in the case of others, an exemplification of the maxim of the New Testament: "Ye compass sea and land to make one proselyte, and when he is made, ye make him twofold more the son of Gehenna than yourselves." He constructed a system of arbitrary regulations, which were to be put in force all over the State. By the constitution of the State Medical Association he was installed in an absolute imperatorship. He now established the Old-School doctors of the State as a medical police, with arbitrary powers and irresponsibility. "The Medical Association of Alabama," said he, officially, "is now by far the most powerful medical organization in the United States, and, so far as we know, the most powerful in the world."

Truly the autocrat of all the Russias, the Turkish Sultan or old Tamerlane, in the plentitude of power, could take points from the apostate Eclectic overload of Alabama. And more, in his boasts, his domineering, his plans of action, every man not wilfully blind and besotted, can see and know what medical legislation in the several States of this Union really and unequivocally means.

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The law of 1887, under which the Cochran Medical Police Force, "the finest in the world," was established, was found not to work smoothly. It made a distinction between "Regular" and "irregular" physicians. The statute was contested in the courts, and convictions refused. The next resort was to "shennannagin." The statute was "codified." Some in New York will remember a statute of "codification," or coddling, which was both a fraud and a playing nakedly into the hands of the Old School. The statute of Alabama was codified and coddled surreptitiously, and set anew in operation. Diplomas, it was declared, would now serve for foot-mats.

There were not medical societies in many counties. These had to be organized. The "boodle" to be filched in fees from the hapless candidates for medical honors was scented everywhere, and a mushroom-growth of county medical societies came into existence, and each provided with a board of censors. They were to serve as shingles wherewith to batonade fledgeling doctors.

Still the plan worked but ill. The members of many of these boards of censors were too illiterate to handle text-books or cope with graduates of the "irregular" colleges. It was found necessary to create a "supervisor," generally a lawyer or book-learned man, on purpose to make the examinations, prepare the reports in decent legal and literary style, and do such other work as was necessary to devolve upon him. He had ten days or less in which to "pump" the candidate, having a room and all conveniences supplied for the time, and at the expense of the candidate. It was certainly a very convenient inquisitorial machine, with a portable blackmailing attendant.

Upon this apparatus depends the integrity of the Old-School medical organization in Alabama. "But for this," says Dr. Cochran, "more than half the county societies would never have been organized at all; every effort to organize and discipline the profession of the State would be hopeless; in one word, abolish the county boards of medical examiners, and the majority of our county medical societies would probably fall to pieces."

Thus, what is true in Alabama, is doubtless true elsewhere. Except the Old-School medical societies are permitted to police the profession and to bleed applicants, and this extortionately, with the aid of shyster lawyers, they would not hold together.

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So, then, medical legislation is connived at, and the black laws of the earlier years of the century are fished out of their places of desuetude to be enacted anew, so that the Old School can keep alive and fatten upon the substance of the people.

For this our legislatures are besieged, and medical men of little repute and paid lobbymen are maintained at State capitals to procure statutes to regulate the practice of medicine.

"Trusts" in business are odious to our people; but Trusts in medicine are a hundred fold worse.

We declare against the union of Church and State, and experience has shown that we are right in so doing. But the Union being now consummated between Medicine and the State, has all the same elements to make it a yoke upon the necks of the people, and an oppression, as well as usurpation, which "neither we nor our fathers were able to bear."

The Supreme Court of Alabama has, however, broken the yoke off the neck of the people of that State. A Doctor Brooks, disregarding the requirements for a censorial inquisition, procured the registering of his diploma by the judge of probate in the county, and began the practice of medicine. He was duly prosecuted, but the Court decided that he had violated no statute that would subject him to criminal prosecution. This was done, December 17, 1889.

The Dagon of Old-School Philistinism fell on his face to the earth, hands and feet off, and only the filthy stumps remaining. None were now so vile as to do him reverence.

With judges of similar acumen and probity, most and perhaps all, the statutes interfering with physicians, would be similarly emasculated.

Of course the Medical conflict will be resumed. The war of Independence is not to be won by a single battle. All the paganisms, barbarism and imperialism of the former ages have vital issues at stake; and in this medical issue, they recognize the contest with liberty must be fought to the bitter end. The coming Legislature will be infested with a Doctor's lobby.

Our friends in Alabama, have been justly elated at what has been achieved. In language often more forcible than elegant, they have made their exultations heard. One of them has broken out in poetry, which space will not permit us to reproduce. Those who enjoy keen satire would do well to write to Dr. Wm. H. Lamar,

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Auburn, Ala., for a copy of his versicles upon "The Medico-Legal Situation in Alabama."

AN OLD-TIME ECLECTIC.

SURGICAL PROGRESS.

Treatment of Goitre by Injections of Iodoform.—Mosetig-Moorhof (*Wiener Med. Presse*, 1890) recommends the parenchymatous injection of iodoform in all soft goitres (*Struma follicularis mollis*). This variety of struma has been treated in this way, by the author, for ten years, and he has yet to see any unpleasant results. The injections are made under the strictest antiseptic precautions. Fifteen minims to one drachm of the following solution is used:

℞ Iodoform ..... 3 j.
Æther ..... 3 v.
Olive oil ..... 3 j.

The solution should be freshly prepared, transparent, and of a light yellow color. From five to ten injections are usually needed, depending somewhat on the size of the struma. The injections should not be made oftener than once in from three to eight days. The reaction is usually very slight, and absorption continues some time after the last injection.—*Jour. Am. Med. Asso.*, July 19, 1890.

Treatment of Snake Bites.—Prof. Kaufmann contributes to the *Revue Scientifique* a paper describing his recent researches and experiments regarding the bites of poisonous snakes. He advises that in the treatment of a bite the injured limb should be tightly bound above the bite, as quickly as possible, with a handkerchief or any other available constrictor, and that then a 1-to-2 solution of chromic acid should be injected deep into the wound, making several similar injections in the neighborhood of the wound. If these directions are carefully followed, the poison will be destroyed before being absorbed. If there is already much swelling of the wound, more injections should be made in various parts of the swelling, which should then be manipulated to bring the acid thoroughly in contact with the poison. The swelling should then be freely lanced and as much as possible of the fluid squeezed out. The skin should be washed with the chromic acid solution, fol-

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lowed by the application of compresses saturated with the solution. If the swelling returns, these procedures should be repeated.

This local treatment should be supplemented by the internal administration of alcoholic stimulants and aqua ammonia. Prof. Kaufmann, however, strongly condemns the use of large quantities of alcohol, which, he thinks, paralyze and depress the nervous system.—*Indian Med. Gaz.*, May, 1890.

Removal of Breast During Hypnotic Sleep.— Dr. Schmeltz, of Nice, has recently (*Gazette Médicale de Strasbourgh*, July 1) recorded a case in which he removed a sarcomatous breast during anæsthesia caused by hypnotism. The patient was a girl, aged 20, who was easily thrown into the hypnotic state. The operation was performed in the presence of Drs. Lauza and Barriera, and the entire organ, together with the aponeurosis of the pectoralis major was removed by the oval incision. Five drainage tubes were inserted and the wound was closed with thirty-two metallic sutures. The operation lasted an hour. The patient remained absolutely insensible, in a condition of the deepest anæsthesia, such as is only seen after large doses of chloroform. Dr. Schmeltz says: "I operated very slowly and quite at my ease; the patient even tried to encourage me by her words; she seemed very gay, and laughed loudly from time to time as if to show that she felt no pain. In order to make the operation easier for me, she turned herself about so as to place herself in the most favorable position, keeping her right arm stretched out so that no assistant was required to keep it steady." She was kept under observation the rest of the day, and having been told not to feel pain and to have a good night, she obeyed these instructions in the most docile manner. The wound was completely healed on the fifteenth day. The only symptom worth mentioning, which Dr. Schmeltz observed in the patient during the operation, was great pallor of the countenance, without any dilatation of the pupil or weakening of the pulse. The tumor weighed 2 kilograms.—*Brit. Med. Journal.*

Penetrating Gun-Shot Wounds of Abdomen.—Dr. Schachner (*Annals of Surgery*) says:

1. In view of the uncertainty which attends these injuries, exploratory laparotomy should in every case be boldly but carefully performed. The operator being in readiness to meet any indications that the exigency of the case may demand.

2. Laparotomy in the linea alba is preferable to one performed

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in the course of the ball, unless there are reasons to believe that the ball became arrested short of the peritoneum, or its track infected, in which case incision and drainage should be employed.

3. Considering the objections against Senn's test as a diagnostic means of determining the necessity of a laparotomy, the possible harm outweighs to such an extent the possible benefit that its general adoption is hardly justifiable.

4. The value of Senn's method in determining at the close of the operation the security of the intestinal tract is questionable, and still *sub judice.*

5. Large intestinal wounds not involving the mesenteric border, are best treated by partial resections.

6. Intestinal wounds upon the mesenteric border, unless very small require a complete resection.

7. Where several large wounds are situated very close together, a single resection including them all should be considered.

8. Partial resection of the liver, spleen or pancreas are feasible steps and may be required.

9. Suturing of both openings in wounds of the liver and spleen for the arrest of hæmorrhage is advisable.

10. Excepting superficial lesions, nephrectomy is the only procedure in wounds of the kidney.

11. Should obscure symptoms arise pointing to an early peritonitis, the use of salines are indicated.

12. If suppurative peritonitis is established, early exploratory incision, drainage and disinfection of the peritoneum should be undertaken.—*American Lancet.*

Lister and Listerism.—A paper read by Sir Joseph Lister at the Tenth International Congress in Berlin was a remarkable one, in consideration of the fact that he mentions changes in his practice in conformity with more extended experience in antisepsis. The point has been made by some that he has repudiated his former position, and that his present position is an acknowledgment of error in the past.

This we think is a mistake. It is not an acknowledgment of error but an acknowledgment of advancement.

He had given up the spray some years ago; he now considers it of value at most, only for the continuous disinfection of the operator's hands.

It might even do harm because the motion of the air produced

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by it might carry off germs with it and convey them to the wound, and besides the use of the spray sometimes leads to the neglect of other antiseptic precautions.

He advised the leaving of complicated contusion wounds open at first, having been disappointed in the results of complete closure under antisepsis.

He declared his preference for corrosive sublimate over all other antiseptics, advising the use of a solution varying from 1 to 1000 or 1 to 2000 solution, cautioning against irritating the wound surface, as much as possible.

He insists upon the completest sterilization, the completest cleanliness, and this after all is Listerism.

In spite of the carping of the critics, Sir Joseph Lister stands to-day as the great finger-board, marking the greatest advance ever made in a surgical direction. In him began the antiseptic thought, and it has grown and developed and he has grown with it, and his recent announcement is evidence of the fact.

All honor to Sir Joseph Lister, all honor to the grandest achievement of modern times, in comparison with which telephones, telegraph instruments, electric lights, and everything else sink into insignificance. The antiseptic thought crystallized in a manner to enable the most sacred regions of the human body to be penetrated with impunity, and lives are saved which but a few years ago would have been permitted to die.—*Medical Mirror.*

Further Advances in Cerebral Surgery.—Last winter we referred to the work of Dr. T. Claye Shaw in treating general paralysis of the insane by trephining. At the recent meeting of the International Medical Congress Mr. Victor Horsley spoke of the value of the operative treatment of certain neuroses and psychoses. In a case of athetosis, a symptom of which the pathology is obscure, though he believes it is always a sign of cortical lesion, the limbs had been progressively invaded, beginning with the thumb; he accordingly removed the thumb centre. A paralysis of motion followed, lasting forty-eight hours; then the spasm returned in a measure in the parts supplied by the cortex bordering upon the excised portion. It was therefore necessary to remove the centre for the whole limb; the operation was intended to relieve only the spasm and not the paralytic condition.

When operative interference in general paralysis and alienation is considered, Horsley believes that recovery from the disease is

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possible, though he has not had personal experience bearing on the point. His sanction of the potentialities of the operation was confirmed by the unique experience of Dr. Burckhardt, who has operated in six cases of psychoses. In two cases his aim was to intercept the paths of cortical association that, in his opinion, transmitted pathological impressions arising in sensorial and ideogenous portions of the brain; he has thus removed bands of the frontal and parietal cortex, anterior and posterior to the ascending convolutions. In one case the result had been most satisfactory; in the second, that was still under treatment, the improvement had been only partial. The four other cases were accompanied with more or less acute hallucinatory delirium. The indication was to abolish, or reduce at least, the verbal hallucination as much as possible. But Dr. Burckhardt thought that the auditory verbal hallucinations could only be produced when the logogenic centres in the brain were in action. Verbal deafness and aphasia have acquainted us with two cortical centres for the formation of words, and Burckhardt believed that these centres were indispensable for the genesis of verbal hallucination. To cure the hallucinations it is therefore necessary to attack the centres directly and to excise portions of the first temporal and of the third frontal convolutions of the left cerebral hemisphere. In three cases the result was satisfactory, perhaps not final; but in case of a relapse it is intended to excise a portion of these convolutions again. In the fourth case, in which a very satisfactory result was expected, the patient died on the sixth day of cerebral vascular paralysis, due without doubt to the use of the scissors. But for this disaster the actual results were encouraging during the two years in which the work had been prosecuted.

These results are remarkable, and must be considered by those having the treatment of such cases within their hands. But cerebral surgery to-day affords the promise, both of success and of failure, that abdominal surgery has offered during the past decade; and a similar *furor secandi* will probably be manifested for some years, until larger experience teaches surgeons when to be bold and when to refrain.—*N. Y. Medical Journal*, Oct. 11, 1890.

Treatment of Tubercular Joint Disease.—The latest methods for the treatment of tubercle have mostly taken the form of injections of antiseptic fluids. This has especially been the case with regard to tubercular disease of joints. Bruns and

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Krause (*Centralblatt f. Chirurgie*, No. 25, proceedings of German Surgical Congress, 1890) speak in the highest terms of the success of this treatment. Bruns has treated fifty cases, in all of which there was more or less improvement. Krause gives the results of sixty cases, the disease being far advanced in them all; of this number thirteen were perfectly cured, no fresh attack occurring after one year. In the remaining cases, improvement was manifested in nearly all; two died, one from advanced phthisis and another from acute miliary tuberculosis. The best results were obtained when the knee was the joint attacked. In cases of tuberculous hip-joint disease, ankylosis nearly always occurred. In two cases of severe coxitis with numerous abscesses, erosion of cartilage and displacement of the articular surfaces, most satisfactory results were obtained. The treatment is easy to carry out. The injections are made with a strong exploring needle. The solution recommended by Bruns is one part of iodoform to ten or twenty of glycerine. Krause recommends a ten per cent. mixture of water and iodoform, or a ten per cent. emulsion of iodoform and glycerine. The injections should be made at intervals of two to four weeks, according to severity of case; four injections will generally be found sufficient. After injection, free movement of joint should be made to distribute the solution. If pus be present, first evacuate with trocar. The relief felt by patient is almost immediate.—*Lancet.*

The Radical Cure of Hernia.—At the meeting of the American Surgical Association, held in Washington in May last, Dr. W. T. Bull of New York read a paper on the above subject, giving the results of 154 operations (*Medical News*, July 5, 1890, and *New York Medical Record*, May 31, 1890). The most essential feature of the operation was the ligature of the sac at the highest possible point. The cases he divided into four series: (1) In 40 cases the sac was isolated and ligated with catgut. The portion below the ligature, when small, was dissected out; when large, or when it contained the testicle, it was drained, the wound sutured, and a drain left in several days. (2) 39 cases treated by ligature of the sac, as before, but catgut sutures were applied to the pillars of the external canal and to the divided aponeuroses. (3) 39 cases treated by ligature of sac as before. The anterior wall of the canal was only divided when it was impossible to reach the neck of the sac in any other way; the canal was sutured with

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two layers of sutures. (4) 16 cases in children between the ages of 4 and 14 years of age. Of the total number, the hernia was reducible in 77, irreducible in 42, strangulated in 15; all cases in series 4 were reducible. There were 3 deaths in 134 cases—one, an old man 80 years of age, from shock, one a case of strangulated hernia, and the third a man aged 26, where a large amount of omentum was tied off, and who died from septic peritonitis. In 4 cases, the intestine was opened in separating adhesions; the wounds were at once sutured, and no bad results followed. By all the methods a number of cases relapsed; many were traced, and it was found that a large number relapsed, some sixty per cent.—*Montreal Medical Journal.*

Conical Stump After Amputation in Children.—Dr. Powers writes on this subject in the *Medical Record*, and concludes:

1. Amputation through the arm or leg in children may be followed by a conical condition of the stump, and this sequel is a probability rather than an improbability.

2. This conicity may be physiological, and independent of inflammation or retraction in the soft parts or of osteophytic deposit at the end of the bone.

3. The younger the child and the nearer the seat of the amputation to the upper epiphysis of the limb, the greater the probability of early conicity. These factors should be considered when making prognosis.

4. The weight of extant authority favors flaps of excessive length, but this measure may not prevent development of the conical condition.

5. When the conical condition is present, the only suitable treatment consists in the resection of a sufficient portion of bone.

6. Successive re-amputation may be required.

7. The above considerations may apply, but with very much less of force, to amputations through the forearm or thigh.

[The case on which the doctor bases his opinion was one in which we predicted such a result over a year before it occurred. We made this prediction before a jury, and Prof. Stimson, Prof. Bryant and others denied the possibility of such a thing, claiming that the stump was a good one, and would improve as time passed. On a second trial the stump was conical, as predicted. Dr. Powers was a witness on the second trial. We will have something to say of this matter again.—ED. MEDICAL TRIBUNE.]

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SPIRIT OF THE MEDICAL PRESS.

THE Georgia *Eclectic Medical Journal* replies to an article of the *Medical Times and Register*. The latter journal is an organ of the Old School in Philadelphia, which has somewhat signalized itself by "cribbing" and plagiarizing from the catalogue of Eclectic medicines, while carefully abstaining from giving fair credit to Eclectic discoverers and practitioners for their work.

It now, however, declares that, "so far as it goes, the Eclectic practice is a true and legitimate one; and the only fault we can find with their system is the limitation of their therapeutics to vegetable remedies, instead of extending it to embrace *all* that can assist in bringing health to the patient."

Then, as if this was not misrepresentation enough, the *Times and Register* shamelessly reiterates the old lie which has been the stock in trade of the Old-School slanderers and libellous journals for a decade. From the Eclectic school, it asserts, "have sprung nearly all those notorious venders of bogus diplomas that have brought such disgrace upon the name of American physicians." It might be answered, diplomas were sold in Philadelphia as well as New York before John Buchanan, himself an Old-School doctor, took up the business; and that they were regular merchandise in Great Britain and Europe before that.

Diploma-selling is mean business, but it was neither an Eclectic invention nor an Eclectic specialty, or new in the University of Pennsylvania, as the University of the city of New York well knows.

"We call attention," says 'D,' in the Georgia *Eclectic Medical Journal*, "to show what ideas the modern Allopath has of Eclecticism. While he is an improvement on his ancestors, he has much yet to learn. * * * The editor of the *Times and Register* hits the nail on the head when he says that it (Eclecticism) arose from a reaction against the *excessive use of depletants*. As to the second element, he is again correct. The world is certainly indebted to the Eclectics for our indigenous Materia Medica. The *Times and Register* is again right when he admits that they (the Old-School fraternity) have neglected our natural medicinal plants and *do not yet give them the attention they deserve.* * * * The *Times and Register* is sadly mistaken in its ideas of Eclecticism, if it believes that Eclectics limit their therapeutics to vegetable

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remedies alone. The Eclectic school teaches no such system of therapeutics; but embraces the whole domain of therapeutic knowledge, no matter from what source it comes.

"The Eclectics are not responsible for the action of Buchanan. He was caught in his nefarious practice and should have suffered the full penalty of the law. WHY DIDN'T HE? Will the Medical Colleges of Philadelphia answer?

"There are, doubtless, many Allopathic colleges as guilty as ever Buchanan was, and, if the truth could be known, would create a greater stink than Buchanan did.*

"As to the action of the Association of American Medical Colleges next summer. If they decide to admit (as the generous editor of the *Times and Register* intimates they will)† the graduates of Eclectic Medical Colleges to the graduating class of Allopathic schools, provided that they—the Eclectic graduates—can pass the same examinations required of their second-year students, the Allopaths will pass them. 'The separate existence of that act—the Eclectics— will be short-lived.' Was ever such prophecy since the days of Elijah? Swallow up more than fifteen thousand Eclectics as quick as the whale swallowed Jonah! Take in, at one grab, all the colleges, money, appliances, journals! If it were possible for them to consume such a morsel at once, Allopathy would have more medical knowledge in it than in all the past ages and the present together."

The *American Medical Journal* takes up the agitating question of professional advertising. "All men," it declares, "in some way advertise." The code of ethics of the American Medical Association condemns advertising in the most unequivocal terms; but neither its law or its gospel have any great power over the great mass of physicians. Even those that are its adherents in other respects are often violators in methods of advertising.

* When Commissioner Eaton, ten years ago, called attention to diploma-selling, he promised that he would direct his efforts impartially to all colleges that were culpable. Nevertheless, pains were taken by the inculpated "Regulars" to divert all attention from their own misdoings and concentrate it on this one black sheep. —ED.

† "There are good men in Eclecticism," the editor blandly says. "If the Association of American Medical Colleges, next summer, decides to admit the graduates of Eclectic colleges to the graduating-class of our own schools, provided they can pass the same examinations required of our own second-year graduates, the separate existence of that sect will be short-lived."

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"Advertising, as used in the common acceptation of this term, is a doubtful element of the physician's armament. History teaches that, though he may run well for a season, his career is but short, and he comes out with a reputation worsted. The notoriety he has gained is not of the highest order, and upon every avenue he is made to feel that he has degraded both himself and his profession. The better classes of his community shun him, and his acts are continuously recoiling upon him. Who is it that gains an enviable reputation by advertising dodges? Let the reader cast a glance within his own acquaintance, and if he can point to one he can also point to dozens who have attempted advertising, and now are regarded as men who have lost all professional standing.

"Young men are peculiarly liable to be caught in this trap. They feel that it is hard to wait for a practice to grow from their success and merit. They advertise, and thus often check their professional growth and development, and their reputation is often mentioned as that of quackery.

"It is not true that all physicians who advertise are ignorant of the principles of medicine and surgery, but it is true that they are in bad company, and place themselves in a position to receive censure from the profession, and from a very large share of the better classes of the community.

"It is generally understood that advertising is the best means the charlatan possesses to insinuate himself. His conception of money-making transcends his conception of the medical practice, its glories or its honors. He will sacrifice all for money, and he will parade his own skill as the merchant extols the qualities of his goods. He is instinctively an advertiser, reveling in his own bombast, and cannot exist without it any more than a fish can live without water. The struggle for existence is his incentive, and to give up his methods is to give up all he possesses.

"Still another class who climb high in their profession and have achieved the honors of societies, associations and colleges. Fellows of royal academies, etc., who have sought titles solely for notoriety's sake. The secret is, they purchase them with their own money. Their minds are ever haunted with their own august presence and pre-eminence. These surreptitiously grasp at opportunities to get their names before the dear people. Their pictures cast a pleasant smile at you—all by accident, for everything was done, as it were, without their knowledge. We have known these

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men even to scratch other people's backs that their backs might be scratched.

"Now let the reader remember that we are not condemning advertising—only methods; and we condemn them on the principle that fulsome self-praise will not pay. It is a delusion that may lure you on for a time, but its end is death, and that, too, not very far in the distance. No matter what a man's knowledge of medicine may be, if he resorts to advertising his own merits and skill through circulars and the secular press, his career will be short. Better for you to fix up a heathen Chinaman and mould your skill over his pig-tail. You need not be ethical, but you must be sensible. Work out your own salvation; you cannot write it out, nor have others play it for you. Your self-interest, if your interest be selfish, does not lie in methods sought by men without brains. There are a thousand things to be done in medicine, the which, when done skillfully, will bring honor and reputation —a reputation that is not evanescent, but will last forever."

COMPARATIVE VALUE OF TAIT'S METHOD OF REPAIRING THE PERINÆUM.

According to Ott (*An. De Obst. Ginecop. Y Ped.*, Feb., 1890) the method of Simon-Hegar for repairing the perinæum may be considered the normal method, for it is based upon the normal anatomical conditions of the parts. All modifications of such a method may be reduced to two particulars: 1st, the modification of the shape of the denuded surface; 2d, the manner of maintaining the edges of the wound in contact until cicatrization has been accomplished. The shape of the denuded surface should be regulated in each case by the form and extent of the lesion; hence it is impossible to lay down a general rule for this operation which would apply in all cases. A double row of interrupted silk sutures is preferred by the author in closing the wound to any other method of material, as in this way infection is less likely to result, and the conditions are more favorable to the union of the tissue. If there is rupture of the sphincter ani and intestine, the intestinal mucous membrane is not included by the sutures, but successive rows of sutures are passed and the perinæum is gradually built up. The method of Tait is believed to be contrary to normal anatomical conditions, and, therefore, the advantages of simplicity and rapidity of performance which are claimed for it have no real value.—*New York Medical Times.*

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Editor's Table.

ECLECTICISM VS. ALLOPATHY.

SEVERAL of our Old School exchanges have recently been writing "up," or rather "down," the Eclectic School of Medicine, and they seem to agree in the conclusion that "there is no place for a special school of Eclecticism." Most of the journals of our own school have replied to these articles, but we have received so many letters from our subscribers asking us to answer the *Medical Record*, that we feel it incumbent upon us to give our views on the subject.

Some of our friends have been inclined to believe that the Old School has grown more liberal, and that the barriers between the sects in medicine were being gradually broken down. A perusal of recent issues of their journals will, however, convince any one that such is not the case.

Old Physic has always been intolerent, and would ever fight every new idea in medicine. It was thus that Hahnemann was denied a hearing and forced to branch out alone to advocate his theory of *similia similibus curantur;* it was thus that Beach, Morrow and others were ostracised for questioning the efficacy of blood-letting and other depleting treatment. They set up their opinions against the traditions of past ages and must be crushed for such heresy. Dr. A. K. Gardner of New York, was read out of the profession, for attending the wife of a Homœopathic physician in confinement, without charging a fee; Dr. Bliss of Washington was expelled for consulting with a Homœopath in the case of Vice-President Colfax; and Drs. Talbot, Thayer, West and others of Boston, were expelled from the Massachusetts Medical Society for "conduct unbecoming and unworthy an honorable physician and member of this society," in that they had investigated Homœopathy and believed they had found some good things in it. Examples of such intolerance could be quoted *ad infinitum*, and yet we are told that the *regular* (?) profession allows the broadest liberty to its members.

It was such intolerance that made the new schools of medicine necessary, and that made progress in the healing art possible. The early Eclectics opposed blood-letting and soon created a public sentiment that abolished the practice. When it was proven

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that patients recovered more speedily without it, the Old School cried out, "Oh! we don't believe in bleeding." The Eclectics introduced a large number of our indigenous vegetable remedies, and after they have stood the test of fifty years, the Old School steal them outright, incorporate them in their text-books, without a word of credit, professing to have discovered their properties, and then claim that they are the only true Eclectics.

As Eclectics we have ever been consistent in our professions and practice. As our name implies, we ever choose the best; but the very act of choosing implies rejecting. As a principle we choose to sustain the vital forces in the treatment of disease, and this necessarily implies the rejection of the lancet and all drugs that tend to deplete the system, and in this all schools were finally obliged to follow our example. We choose many new vegetable remedies after careful investigation and experiment, and finding them superior to the old methods, we adopt them and reject the inert chemicals of a past age; and now, after years of denunciation, all our discoveries are accepted and used by physicians of every school and in every clime. We tire of the uncertainty of shot-gun prescriptions, when one of our number suggests that we should select special remedies for special conditions; and soon we find ourselves learning new lessons, till finally we choose the doctrine of "specific medication" as part of our creed, and leave behind us the uncertain methods of the past.

We do not confine ourselves exclusively to vegetable remedies, as is ignorantly asserted by our Old School editors, but include in our lists every agent that experience and scientific investigations prove to be valuable. When any of our number see anything good in Homœopathy, they have the right to use it in either high or low dilutions. They can select from the musty pots of old-time physic any remedy they wish. All we ask is that our physicians make such careful studies of disease that they can make no mistake in diagnosis, and then select the remedy with special reference to the condition.

What we will be in the future we cannot tell. We are constantly watching what is going on around us. We are looking for something new continually, and when we find anything better than what we now have, we will choose the new and reject the old. Such are the principles of Eclecticism as we understand them. Are they dogmatic or exclusive in any sense? Do they not embrace all there

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is in rational medicine? If Dr. Shrady will study history he will find that Eclectic medicine does stand for just "such broad and catholic principles"; while the Old School has ever opposed all progress and every new idea, till forced to accept the change by outside pressure.

We are accused of being ignorant, of favoring advertising and medical diploma mills.

We admit that many ignorant pretenders call themselves Eclectics, but like counterfeits of genuine coin, they are soon found out and disowned. We have ever advocated a high standard of education for all students of medicine, and we know whereof we speak when we say that the graduates of Eclectic colleges are as well versed in general literature and the science of medicine, as are those of any of the Old School colleges. And in practice the Eclectic is more successful in securing patronage and curing his patients than his Old School rival, because he is taught with more accuracy how to study and treat disease.

As for advertising, we think honors are easy. The professors who buy their professorships in colleges and post-graduate schools, and then advertise themselves on clinic-cards and announcements, sent by hundreds of thousands to private homes, do as much advertising as any patent medicine proprietor in the country. They all strive to keep themselves and their specialties before the public and yet they "never advertise."

Buchanan of Philadelphia, is said to have sold 30,000 diplomas in the United States. As there were not more than 12,000 Eclectics at that time in the country, it is evident that almost the entire 30,000 diplomas must have been bought by Old School doctors, for at least 9000 of the Eclectics were known to have been graduates of reputable colleges. Again the Eclectic Medical Society of the State of New York memorialized the Pennsylvania Legislature in 1872, to revoke the charter of Buchanan's school, which was done on the evidence furnished by our society. This act was reversed by the courts, and for a time he renewed his traffic. Before the college was finally closed all the diplomas were legalized, and he himself escaped punishment. This was due to the fact that an Old School college was found to be in the diploma-selling business, and it was claimed that the janitor had secured the professors' signatures to a lot of diplomas and carried on the business without their knowledge. At all events the further pros-

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ecution of Buchanan was stopped for fear of exposing themselves. The proverbial loose manner in which diplomas are granted in many of the Old School colleges must be known to Dr. Shrady, and should preclude him from saying much about diploma mills.

On the matter of Medical Legislation there is a wide difference of opinion among Eclectics. Some believe in rigid laws regulating the practice of medicine, but ask that all schools shall be equally recognized. Others, and we are of the number, are opposed to medical legislation in any form. This opposition is based on constitutional grounds, and is sustained by Herbert Spencer, Humboldt, Gladstone and the leading statesmen and scientists in the world. It is impossible for narrow-minded men to comprehend this view of the question, and so they argue that to oppose medical legislation is to favor ignorance in medicine. The reverse of this is true. It is only men of broad culture who take this ground in favor of personal freedom. We have always claimed that asking for legislation to regulate the practice of medicine is a confession of weakness. A profession that cannot sustain itself against imposture and quackery without the protection of the law, deserves to fall, and it is only those who know their own weakness who ask for such protection.

While we, as Eclectics, differ on this question, we are tolerant of each other's opinions, and we have no desire to ostracise those who do not think as we do. On the other hand when the Old School get such legislation as they want they are not satisfied to give the other schools the slightest recognition. They want absolute power, as they have claimed that they alone are "regular" and "the only true Eclectics."

If the schools are nearer together, the Eclectics have led and the others have followed in our footsteps. The Homœopaths no longer cling to their one law of cure and infinitesimal doses; most of them prescribe rational doses and are not bound to Hahnemann's exclusive dogma. The Allopaths have given up their old idols, one by one, and even the fetish of vaccination is losing its sway. They have accepted hundreds of our vegetable remedies, and their greatest lights extol with unstinted praise our Dr. Hayden's Viburnum Compound. Many of them have openly repudiated the Old Code of Ethics, while others daily violate its spirit while pretending to observe the letter. But they are so warped by prejudice that they are unwilling to receive our

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students into their colleges on their merits. Fortunately, however, there are very few who desire such recognition, as they know they have better instruction in their own. They say we are opposed to "all submission to special codes of medical ethics." True; and in this we also lead them more than they dream of. When we see the gradual advances they have made in the past, we may yet hope that they will, some time in the future, reach that stage of moral evolution that will enable them to understand that honorable members of an honorable profession need no Code of Ethics for their government, except what is taught by the Golden Rule. When that day comes they will stand on our platform, and all will be *Eclectics* in the truest sense of the term. Till then the Eclectic School will continue to exist, will continue to lead the medical thought of the age, and will compel our Allopathic friends to advance along our lines, till they fully understand the true meaning of Eclecticism in Medicine.

THE MEETING AT HOT SPRINGS.

THE President of the National Eclectic Medical Association has issued his announcement for the 21st annual meeting at the appointed place, Hot Springs, Ark., beginning June 16, 1891. The headquarters will be at the Arlington Hotel, where arrangements have been made to accommodate those attending, at the reduced rates of from $1.50 to $2.00 per day. The attractions are many and those who attend may be sure of a hearty reception from the Eclectics of Arkansas.

President Covert has introduced several new features into his administration. Believing that the welfare of the Eclectic School of Practice depends essentially upon the organization of its physicians, he has named a committee of five in each State charged with the duty to look sharply after the interests of the Eclectic School, both State and National, in their respective States, and to promote these to the best of their ability. "We have been particular," he remarks, "not to divide State from National work."

The duties for which this committee is appointed are set forth as follows:

1. To look up Eclectic and independent practitioners—each in

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his own region—and to secure if possible their membership of the State Society and attendance upon its meetings.

2. To secure from the respective State Societies the attendance of as many members as possible at the next annual meeting of the National Eclectic Medical Association, and additions of new members to the membership of that body.

3. To secure to both State and National organizations the benefits and advantages which accrue from the public knowledge of the Reformed School of Medicine, its doings, principles and importance.

Each member of this committee is expected to be a medical correspondent to one or more leading public journals in his vicinity in behalf of the State and National organizations, giving due notice of the meetings and succinct reports of them after they have taken place—to the end that the public generally may be duly enlightened upon these matters, and that hereafter no member of a legislative body will have occasion to inquire: "*Who and what are the Eclectics?*"

The Committee on Medical Legislation is continued. Judging from the fact that the Legislatures that meet bi-annually will be elected this year, *under special pressure to enact exclusive and proscriptive statutes*, that already the candidates are tampered with by secret committees, we predict for this committee if it is properly efficient a large amount of work. Such States as Maine, Massachusetts, Rhode Island, New Hampshire, New York, New Jersey, Pennsylvania, Ohio, Michigan, Wisconsin, Alabama, Tennessee, Arkansas and Texas, will most probably be seats of mortal conflict.

The usual designation of subjects has been made. President Covert, before doing this, addressed a letter to each member of the National Association asking for his preference of topic, so that each might be doubly equipped for the work. If they now come to time, the next year's *Transactions* will be a very full repertory of medical literature.

In addition he asks twelve prominent members of the Association and Eclectic School, to prepare addresses or special papers, which he hopes may prove an interesting feature of the next meeting.

Popular addresses are also promised for Tuesday evening, after the meeting of the Mutual Aid Society, and also for Wednesday

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evening. As the place abounds with valetudinarians and other visitors, all eager to hear or talk about some new thing, the president means to do his best to make them understand this medical gospel, now three-fourths of a century promulgated.

The sections will be continued with the new feature of a vice-chairman. The officers are as follows:

A.—*Surgery, Surgical Pathology and Clinic Surgery*—Chairman, H. S. Tucker; Vice-Chairman, J. B. McFatrich; Secretary, Kent O. Foltz.

B.—*Materia Medica, Therapeutics, Practice of Medicine and Clinic Medicine*—Chairman, B. L. Yeagley; Vice-Chairman, H. B. Piper; Secretary, E. H. Stevenson.

C.—*Ophthalmology, Otology and Laryngology*—Chairman, W. F. Curryer; Vice-Chairman, Henry Long; Secretary, J. W. Pruitt.

D.—*Obstetrics, Diseases of Women and Children and Genito-Urinary Diseases*—Chairman, W. T. Gemmill; Vice-Chairman, W. N. Mundy; Secretary, L. L. Randolph.

E.—*Neuroses, Psychology and Electro-Therapeutics*—Chairman, J. H. Woodward; Vice-Chairman, Charles Band; Secretary, J. V. Stevens.

F.—*Physiology, Pathology, Public Hygiene and State Medicine*—Chairman, W. M. Durham; Vice-Chairman, G. H. Hightouer; Secretary, Lee H. Smith.

G.—*Microscopy, Dermatology, Medical Chemistry and Toxicology*—Chairman, Albert Merrell; Vice-Chairman, D. B. Rees; Secretary, E. Clifton Beem.

He then concludes by the following pertinent address:

"We have passed the initial stages of existence. The individual elements are becoming resolved into the homogeneousness of a body politic. This process must be furthered. The individual, his personal ambitions, his animosities, his likings and desires, must be held subordinate to the welfare of the organization. With you, the members, rest its growth, its energy, its usefulness. You are the Association.

"No pains will be spared to have a good meeting at Hot Springs. Do *your* duty, be present, co-operate heartily, and a good meeting is inevitable.

"I am aware that our meetings have not been beyond criticism. Some of our number have dropped their membership, because they thought our assemblages of little direct benefit to the practitioners

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of medicine. I am in favor of winning back such lapsed members to the fold by special effort, and if need be, by special concessions from the Association.

"Through our Committees on National and State Organization, we hope to ask for work all along the line, till our meeting in June next.

"I urge this work for the National Association, not merely because of my official place, but conscientiously—because I hold that no physician can afford to be unidentified with the State and National Societies. Aside from the incidental benefits of actual attendance upon the meetings, there is the reflex gain in added prestige and local repute, with the stimulus of being under the impelling necessity of living up to one's reputation. I may say, too, that the man who cannot afford pecuniarily to retain membership in State and National Associations must have mistaken his calling. Those who can, without detriment to their families, ought to make some sacrifices of personal comfort and preferences in the way of attendance at the National meetings, in order to sustain and promote the interests of organized reform in Medicine. No meeting has been so unproductive and unsatisfactory that some benefit could not be derived from it by those present.

"To our brethren of the South in particular we would say: This is *your* opportunity to identify yourselves with the National work. With full ranks and united forces, from all parts of our vast Union, we may fling our banner of "Reform in Medicine" boldly to the breeze and banish fear of being crushed or even subjugated by partisan and inimical legislation.

"We must prove ourselves worthy knights of the cause which we are championing—independent so far as relates to creed or dogma, but not feeling ourselves so independent as to have no need for each other. While avoiding the Scylla of bondage to a sect, let us not be whirled incautiously into the Charybdis of a "go-as-you-please" latitudinarianism, and so bring disaster upon the cause which we have espoused.

"We await you in confidence at Hot Springs."

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THE HISTORY OF ECLECTICISM AND THE MEDICAL TRIBUNE.

We again call attention to the forthcoming "History of Eclecticism," by Prof. Alex. Wilder, M. D., which we offer as a premium to every subscriber to The Medical Tribune for 1891. No liberal physician can afford to be without this work, which will be the only complete and authentic history of Reformed Medicine ever published. After January, 1891, it will be sold for $2.00, except to our old subscribers, who will receive it on renewing their subscriptions.

Don't fail to read 1st and 2d advertising pages in this issue. After reading them fill up the blank and send in your $2.00, for which you will receive more than you have ever received for the same amount of money.

During the next year the leading writers of the Eclectic School will be among the regular contributors to our pages, and we will present to our readers 12 handsome portraits with biographical sketches, of prominent Eclectic physicians. We have sent out a large number of sample copies during the present year, but after the first of January we will send to none but our regular subscribers.

ECLECTIC MEDICAL SOCIETY OF NEW JERSEY.

The Eclectic Medical Society of the State of New Jersey will hold its seventeenth semi-annual meeting at 177 Halsey Street, Newark, on Thursday, October 30, 1890, beginning at 10:30 A. M.

In view of the recent medical legislation in that State, and the Eclectic representation being given to a druggist, who is not even a member of any of the Eclectic societies, important matters will be presented for discussion which should interest every Eclectic in the State.

An interesting programme is announced and a large attendance is expected.

PROFESSOR KING'S PORTRAIT.

We have received so many requests for Professor King's portrait, that we have decided to print an edition with a wide margin for framing. A copy of this will be sent to any address, postage

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paid, on receipt of 12 cents in postage stamps. Address the Editor, 124 West 47th St., New York City.

RECENT PUBLICATIONS.

PROF. HOWE'S new work on Operative Gynæcology* has been received and carefully examined. He says in his preface: "It has been my aim and ambition to condense the material at command, and not to be diffuse," and this he has certainly done, and done well.

Commencing with a brief description of the anatomy of the female genital organs, our author next gives us many plain and practical suggestions regarding diagnoses, antiseptics and anæsthesia. Then follow chapters on "Gynæcological apparatus," "Uses of the Uterine Sound" and the "Uses of the Speculum." What he says on the uses of the sound and speculum will prove of great value to the novice, who can nowhere else find so much valuable information on these simple yet important subjects; for most writers pass them over almost without mention. The diseases of the external genitals, disorders of menstruation, and uterine diseases and displacements, also receive a full share of attention before operative gynæcology proper is reached.

The remainder of the volume is devoted to careful and graphic descriptions of the various surgical diseases peculiar to women, and the operations necessary for their cure. Each operation is so minutely described, that even the student can follow its every detail. It is evident that the author has written, not to advertise himself, but to teach the reader how to operate, which is too often lost sight of by those who write on special subjects.

The pages devoted to uterine fibroids will be familiar to many who have read *The Eclectic Medical Journal*, and our National Transactions. The subject matter, however, has been carefully revised and largely rewritten. Where the injection of iodine into the walls of the tumor was formerly recommended by the author, he now uses 10 drops of tincture of Thuga mixed with 20 drops of water, and claims excellent results. We had hoped to find him recommending galvanism, but in this we were disappointed. The

*Operative Gynæcology. By Andrew Jackson, Howe, A.M., M.D., Prof. of Surgery in the Eclectic Medical Institute, etc. Cincinnati: Robert Clarke & Co 1890. Price, $4.00.

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doctor is conservative in some things, and no doubt this is one of them.

Hysterectomy, ovariatomy, ectopic gestation, vesico-vaginal fistula, rupture of the perinæum, hermaphroditism, extrophy of the bladder and the use of obstetric forceps, are each considered in separate chapters; and many of the author's own methods, are fully described. With these many of our readers are already familiar, especially with his method of drainage through the *cul-de-sac* of Douglas into the vagina, after ovarian operations.

The volume contains 336 pages, which is small compared with the immense tomes that have heretofore been written on this subject. We feel confident, however, that the practitioner will learn more from this work than he will from any of the more elaborate ones. The author has not aimed to coin new names, nor to air his knowledge in any way; but he has given us a concise, practical work suited to the needs of practical men. It is certainly a valuable contribution to our Eclectic literature, and should find a place in every physician's library.

THE "Physicians' Leisure Library"* is composed of twelve small monographs, one of which is issued each month, on subjects in which the busy practitioner needs reliable information or for which he has not the time to look in exhaustive treatises.

"THE Necessity for Wearing Glasses," by D. B. St. John Roosa, M.D., is another valuable little work. It discusses a subject concerning which physicians are constantly asked for advice, and yet few who are not specialists have given it requisite attention. A good general knowledge of the subject can be gleaned from this epitomized work, which cannot but prove useful to any physician.

WE have recently read "Abdominal Surgery," by Hal C. Wyman, M.S., M.D., and find in it many valuable hints regarding the various operations requiring the opening of the abdomen. An hour will be well spent in reading this little work, for something will certainly be learned from it that will sooner or later prove of value to the general practitioner in a case of emergency.

* The Physicians' Leisure Library, issued monthly, subscription price $2.50 per year, single copies 25 cents, in cloth 50 cents. Detroit, Mich.: Geo. S. Davis, publisher.

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The Medical Tribune.

ROBERT A. GUNN, M.D., EDITOR.

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MEDICAL SOCIETIES AND THEIR USES.

THE best of all schools is one where teaching is done orally and by example. Then mind communicates with mind; the speaker and the hearer are on one plane. The fire and enthusiasm of the one infills and invigorates the other, till both are inspired alike, moved alike, and led to co-operate to the same ends.

In the voluntary association for purposes of mental improvement, we have this principle in its more perfect form. There is no profession on the floor clad with magisterial authority, who may with a frown or perhaps a threat, overawe the student who desires or ventures to ask a question. In this respect the society is superior to the academy or college. Equality of rights here exists, and each may lawfully interrogate the other in regard to statement, facts, reasons, hypotheses and theories. To answer such questions candidly, explicitly and satisfactorily, is the function of the organization. The social atmosphere which pervades the place makes this easy.

In this way lyceums, debating clubs, literary associations, scientific societies, and political organizations have come into existence. They in a measure rival our schools and higher institutions as educators; and certainly they supplement the work of the other and render it of practical utility. One can forget his Latin and Greek; can grow rusty in his algebra and physical science, even drop out of mind the other accomplishments which he has neglected to use; but the subjects which he has discoursed about, and so brought out into his active thinking, become a part of him, and continue always with him. The attrition of others' thought and suggestion make the apprehension all the more vivid. We know a thing the better after we have uttered it, and heard others speak intelligently

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upon it. What we know is not a thing had in mind to-day, which may be entirely forgotten to-morrow or next week ; but it is, as has just been declared, as much an element in the organism as the hand, the foot, or even the brain itself. What is known is possessed ; it can be bestowed but not parted with.

Medical societies are prominent therefore, in their utility to all who take part in them. Their leading purpose is to bring into friendly and familiar association those who pursue the same calling, and are capable of giving essential aid and counsel to each other. The younger practitioner has the opportunity to convert his book-learning, his guesses and inquiries into more tangible conceptions, partly by comparison with those of others, and partly by the modifying influence imparted by others of riper years or experience. The older physician is no less a gainer. It is worth much to him to be enlivened by the contact of those younger than himself. The very lessons which his observation and experience have matured for him into settled principles are freshened by the communication of newer observations and the opinions of younger men. In short, it is a repetition of the apostolic illustration : "The body is not a single organ, but many ; the eye can not say to the hand : 'I have no need of thee ;' nor again, the head cannot tell the feet : 'I have no need of you.' Aye and more, the structures and organs which seem to be of less account are all of them necessary ; therefore each depends on the other."

Wherever there are active medical societies there is advancement steadily in knowledge, efficiency and the professional standing of the physicians. Indeed, it is there that we find the members eager to exalt their calling, while elsewhere doctors regard it almost as a trade or mercantile business merely to be pursued to make money. The medical profession of every school of practice is divided into these two classes, of which the nobler seeks organizations and the activities that organization enables, and the ignobler is characterized by a mental and moral inertia, indifference to professional advancement, and devotion to mercenary pursuits, sensualism, meat and drink. In the former class medical societies abound and are vigorous ; while in the latter they seldom exist at all, or if they do, are sluggish affairs, and often kept alive like political clubs for other aims than professional. Even then, they would languish and die out, but for life which they absorb from the more sincere members of the profession. There are

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many persons everywhere subsisting like the vampyre bat upon the blood which they suck from others.

Eclectic Medicine has from the first profited by the work of its organizations. Even when it was in its incipient stages with Doctors Beach, Morrow and their associates for its teachers, there were attempts made with more or less success, to establish a national association. After the Eclectic Medical Institute had come into active operation, its leading professors and alumni headed the call for the convention which organized at Cincinnati, the first National Eclectic Medical Association. At that time great progress had been made in legislation for freedom of medical practice, and the various State Legislatures had repealed and emasculated their barbarous and restrictive medical statutes. Every man had become free to practice medicine, as to follow any other calling, responsible only for displaying gross ignorance, and for unskillful or criminal practice. Liberty had thus been proclaimed throughout the land. The American Medical Association had just come into existence on purpose to combine the doctors in a movement to stay the waves of freedom. The State societies had been singly enlisted in that purpose and sustained defeat. The American Medical Association was formed in 1847, to unite them in one common cause.

Professors Beach, Morrow, Jones, King, Davis and others foresaw the propriety of a union of American physicians of the Reformed Schools to maintain the ground which had been conquered. It is needless to repeat the history of that time. The men are dead, but their memory is fragrant, and their work lives. State societies came into existence, some of which are active to the present day. After the Civil War, the Eclectic cause renewed its labors. We cannot praise too warmly the old Eclectic Medical Institute for its persistence during that period, in upholding the standard. Others ran well; and others still did not. New State societies came into existence; the National Association was, at their instance, organized anew, and for twenty years has done its work. We have societies in twenty-four States, with auxiliaries in New York, Pennsylvania, Georgia, Ohio, Illinois, Missouri and Kansas. Steadily these are increasing in number and efficiency.

In the States where organization is most energetically maintained, Eclectic medicine has its firmest hold. This is shown significantly by the complexion of the medical legislation which has

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been attempted and that which has been obtained in the several States. Where there are no Eclectic societies statutes of the most restrictive character have been enacted. It would not be very easy for Eclectics to get a foothold in most of these States. The old experience of fine and imprisonment, and abrogation of the right to receive pay for services, would have to be encountered. I trust, however, that this will yet be done. It is due to our human nature, to the principle of free government, to the everlasting right, that this should be done. There must be martyrs, and from their blood will come the seed of the church.

The winter before us is to be one of trial. The Legislatures about to be elected, will generally be beset with medical bills; and many of the candidates have already been secretly pledged to support them. It is so in Maine, Massachusetts, Pennsylvania and Alabama.* The societies which stand firmly by the Eclectic principles as formulated by the National Association, will have an imperative duty devolved upon them. What freedom we enjoy, we owe to concentrated action in the past; all the freedom which we shall be suffered to retain will be due to such concert of action. If we ever regain our lost freedom in New York and other States, it will be by united and aggressive action.

The standard medical attainment has been elevated only by our associated action. For years and years, medical degrees were articles of traffic. There was hardly a medical college clean from the practice; it was general in both hemispheres. Finally the Eclectic Medical Society of the State of New York, raised the voice of protest, and stamped the practice with its disapproval. Then the National Association took up the matter, and disowned a college for the offence. After this the Department of State and the Bureau of Education at Washington, took the matter up, stopping, however, when they had gone just as far as the National Eclectic Medical Association.

There were and still are other offenders; but they belong to the school which whitewashes its culprits while zealously calumniating others. It is the sharper stigmatizing others as thieves. It is the hurling of filth to divert public attention from their own misdoings. None the less, however, is it true, that the first voice against purchased diplomas, was raised by Eclectics; the only official action against them was taken by Eclectics; and the principal effort

* The elections of November occurred after this was written.

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to have better education as well as genuine diplomas is made by Eclectics. We are pledged to an improved practice of medicine, and our maintenance of efficient societies is to secure it.

The medical legislation of the day if successful in its purpose, will arrest all progress in that direction. It is but an effort to create a privileged class, a medical edict, to restrict poor and worthy persons from enjoying the practice of medicine; to create a swarm of unnecessary medical offices and to fill them with pauper physicians of little claim to public respect and unable to acquire a living by honorable industry. We are opposed to it not merely as objectionable in policy and purpose, but as a violation of common justice and conscientious principle.

Only in a degraded state of public sentiment, can such legislation find favor. Only selfish and unscrupulous men are its advocates. "My soul, come not thou into their secret council; mine honor, be not thou united with their assembly."

From all these considerations, it is not difficult to perceive the necessity of maintaining vigorous organization as medical societies. We have our rights to maintain, and the fortunes of those who are to associate with us, and succeed to our places. Even republican government itself as the safeguard of the freedom of citizens, has a stake in our continuing. The art which we represent, demands of us a religious obligation, to be advanced while in our hands. The world should be benefited because we have lived in it, and so especially should the practice of medicine. We may not be Ishmaelites and Bedouins, our hands against every man and every man's hand against us. Nor may the physician wisely do his work alone. "One can accomplish more," said Ralph Waldo Emerson, "in harness." In short, we benefit everybody, and so doing best serve ourselves, by alliance together and strong organization.

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TEMPERAMENT AS A FACTOR IN DIAGNOSIS.*

WE define disease as a deviation from health, and know disease only by comparing it with the standard of health. But what is absolute health? What is our actual knowledge of the perfectly

*Presented by title to the National Eclectic Medical Association, Niagara Falls, N. Y., June 17, 1890.

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balanced human organism, of the ideal animal? The perfect specimen, in whom there is exact balance between the several properties and parts, we may look for in vain. He exists only in the dream forms of the artist, or in the conception of a *Galen*. In his description of the *Eukratos*, or that mixture in man of different qualities in such proportion that none is in excess, *Galen* says: "In his bodily constitution he is exactly midway between slimness and stoutness, between softness and hardness, between hot and cold. In his mental constitution, he exhibits the exact mean between rashness and timidity, between sluggishness and precipitancy, between the sweetness of pity and the bitterness of hatred. Such an one is brave, affectionate at home, and abroad discreet. He is neither too much given to sleep nor too wakeful, is midway between baldness and hairiness, between darkness and fairness of complexion."

In real life, each individual differs from every other, in physical appearance, in bodily constitution and mental condition.

Each exhibits more or less strength in some particulars and falls below the average in various other particulars. There is always some inequality of function, some peculiar susceptibility, some idiosyncrasy, more or less well marked, which differentiates each individual from every other. To strike some principle of generalization in this endless diversity has been the effort of many and especially of the early writers in medicine. By study of the composition of the body and comparision of idiosyncrasies, they grouped them into classes,

Hippocrates, "the father of medicine," promulgated the theory that the blood, the phlegm, the yellow bile and the black bile were the four primary components of the human body, and that the preponderance of one or the other of these components produced a peculiar and recognizable constitution. He described these temperamental conditions as sanguine, phlegmatic, choleric and melancholic or atrabilious. Modern thinkers, following his lead, still found their classification upon a physiological basis, but reason it out in this fashion.

Man, the animal, is a compound organism, made up of different systems, running along, side by side, through the whole anatomy, interlacing and inter-supporting each other. The circulatory system, represented by lungs and blood-vessels; the nervous system, represented by brain and nerves; the digestive and nourishing

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apparatus, represented by glands and assimilating organs; and the muscular and fibrous system representing the structural efficiency of all the other systems. These constitute man's general make-up, with the bony structure for a solid foundation.

If each of these systems, in structure and function, was exactly equal in perfectness to every other, we should have the perfect combination constituting the perfect animal. Actually, even in persons of sound health, one or more of these systems has predominance, and the internal arrangement affects the entire physical conformation and external aspect.

If the arterial system is especially strong and active, and dominates all the others, it gives a character of activity to the whole. The muscles and brain desire exercise and all organs are spurred on to lively work. This combination we term the *sanguine temperament*, and outwardly recognize it by the strong and salient muscles, full-blooded complexion and large chest.

Again, when the nervous system has the preponderance, sensations are intense, mental powers large and capable, and there is the fine, thin hair, small, pale face and bright eyes full of thought and feeling characteristic of the *nervous temperament*.

If the business of nourishing the body is paramount and the stomach is the organ *par excellence*, the animal economy is chiefly a manufactory which stores up within itself its products in excess of its demands. Hence, the *lymphatic temperament* is characterized by a repletion of cellular tissue and softness of flesh. There is a heavy ungainly form of body. Large joints and general languor and heaviness.

Again, there may be great structural perfectness. The tissues of the various organs, the muscles and fibres are of the best quality giving a constitution marked by power of endurance, or "bottom," as the jockeys call it in horses—a capability for great physical and mental exertion. In outward aspect, the type is known by well-marked features, dark complexion and firm flesh, and passes under the name of the *bilious temperament*.

So the heart, the stomach, the brain and the liver seem to furnish four distinct constitutional influences, the predominance of any one of them giving a peculiar conformation and complexion to the body and a specific tone to the mind; and, we may add, a peculiar bias to every disease. We also observe that in the strength of each lies its weakness; for, the pathologist notices

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that in the sanguine temperament, the activity of the circulatory system contributes to the success of all inflammatory states, and tends to fill capillaries to repletion (congestion), or to bursting (hemorrhage). In the nervous temperament, excessive nerve stimulation aids and abets all causes which weaken and exhaust physical resources. In disease, it unduly excites the functional activity of heart, brain and excretory organs, leaving little margin for processes of repair, and no rest nor opportunity for recuperation. The mill grinds away without anything in the hopper. The result is wear and tear of the nervous system itself, and neurasthenic conditions. In the lymphatic temperament, the process of assimilation being carried to such an extent that the other processes cannot keep pace, the pathologist observes that, in disease, effete and poisonous matter is not readily eliminated ; and, also, that the material stored up in the cellular tissues is peculiarly liable to abnormal and unhealthful conditions. Again, the physiologist reasons that, in the bilious temperament, where there is great structural perfectness and muscular power, the processes of repair and of excretion must be particularly well-performed.

He is supported in his views by the conclusions of modern physiology as to the physiological relations of that much belabored organ—the liver. Although the exact processes which it performs are not definitely established, he can but believe that the liver exercises an important influence over sanguification and metamorphosis of tissue. Hence, in this type, in disease, the already large undertakings of this organ are multiplied, it is clogged by the accumulation and the pathological condition "biliousness" supervenes.

These four types or temperaments are very generally recognized, viz. : The sanguine, the nervous, the lymphatic and the bilious. As the physiological state merges into a pathological condition, the distinctive peculiarity of constitution becomes so intensified as to justify the nomenclature which savors more of pathology than of physiology. I have endeavored to show that these four types, even if not most happily designated, are not simply the products of extraneous influences but of original constitution ; and I wish to make the point that we, as careful observers, ought to make a discrimination between original endowment and acquired tendencies, between the normal activity of the human system and that perverted activity, hereditary or acquired, which is abnormal.

A permanent state of nervousness is not evidence *per se* of ex-

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cessive nervous endowment, nor "biliousness" proof *per se* of a bilious temperament. Perhaps no one thing has so tended to bring temperamental classification into disrepute as this general confounding of pathological and physiological distinctions, this mistaking of altered function for natural condition.

In our efforts to distinguish acquired condition from natural or original state, we may perhaps be helped by the classification of S. R. Wells, the phrenologist, who has chosen an anatomical basis. The human body, he says, is composed of three grand classes or systems of organs. The mechanical system, forming the locomotor apparatus; the nutritive system, composed of the vital organs,—and the nervous system, the brain and nerves being the controlling power. These give three temperaments, the motive, the vital and the mental. This may be a more comprehensive and scientific analysis. Yet, for the purposes of the diagnostician simply, the old classification with its pathological shading is quite as well adapted, providing he understands its true import.

In describing the four temperaments, we have given an exalted predominance of one system over all the others. Individuals who are perfect specimens of these pure temperaments are fortunately few. The pure type, representing a great predominance of some one system, exhibits a departure from symmetry and harmony, an unbalanced organization, physical and mental, and furnishes to the world the eccentric and the "crank."

However, the predominance is not often excessive. The inequalities of function are so various, the different combinations so limitless, that we have mostly to deal with mixed temperaments, in which one set of functions preponderates but little, it may be, over some other set of functions.

Let it be understood, then, that our classification, according to temperament (so-called), is only an attempt to approximate the sum of all the physical peculiarities of the individual. To note these details of positive fact is to arrive at some conception of the original vital endowment of the individual, and, as we have already indicated, will fore-shadow and furnish the interpretation of much of the patient's behavior in illness. Understanding, then, that, by the phraseology "temperament," and "classes of temperament," we are aiming to get at the original make-up, Temperament stands for a real force which the physician should recognize and gauge just as accurately as it is possible for him to do.

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As I have said, original constitution is to be distinguished from acquired tendencies. Temperament is not diathesis! And temperament is not properly the cause of disease. If there be a distinct proclivity to certain diseases, it is diathesis, not temperament. Temperament is nature in normal condition; diathesis is something abnormal, acquired or inherited, some deranged physiological function or structural change, some taint or weakness which occasions disturbance in the physiological course and establishes a tendency to still further changes of an allied order in the future. The proof of diathesis is essentially the proof of disease; but, it may well be, of disease in its earliest manifestations and least notable forms. We have simply to bear in mind that temperament is the physiological and diathesis the pathological distinction; and, that temperament shows no "tendency to certain diseases," except, as we have shown, certain types of constitution give to disease some peculiar bias, which, if unrestrained, develops a morbid tendency or *diathesis*, or merges into a confirmed defective habit of body or *cachexia*.

Hence, we claim that the diagnostician should not only know the existing pathological condition but should make some estimate of the original vital endowment, and some inference from the acquired tendency to disease. It is evident that these three elements of a sure diagnosis cannot be hasty generalizations, without accuracy or scientific value, but deductions from numerous facts carefully observed, and studied singly and in combination. To illustrate: It is well-known that, if a number of persons be exposed to the same morbid agency under precisely the same morbid conditions, some will remain unaffected, some may have rheumatism, some catarrh or influenza, others a bilious attack, others still opthalmia. In these cases the cause of variation must be sought in the unlikeness of physical condition in the different individuals: and, the physician in making his diagnosis will consider, not alone the actual pathology of each, but the acquired tendencies, or diathesis, and back of this, the vital endowment, or temperament. Therefore, he will not confine himself to treating the symptoms as they arise; but he understands that some weakness or taint in the system has given the disease its peculiar character. As he studies the original constitution he is able to anticipate the course of the disease. Nature, though apparently so capricious, works according to certain general laws which regulate all variations from the perfect standard of health.

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The more we know of these laws the better able shall we be to comprehend the variations, and forecast the results of disease. This, to my mind, is the chief value of temperamental distinctions. The diagnostician is continually called upon to consider abnormal states. If he would be well qualified to rate the deviation from the normal, he must carry with him a mental picture of the perfect animal as Galen has described him, and "on this diagram with his patient before him, he can mark out the lines of original shortcoming, of development, of warp, of injury and of degeneration." To keep this ideal of a sound, perfectly organized bodily structure constantly before one's mental vision, physicians have been advised to frequent art galleries, and there study the perfect forms coming from the chisel of *Phidias* or *Praxiteles*, *Thorwaldsen* or *Canova*. The details of variation from such a standard, in humanity in general, and in those who appeal to the doctor for aid in the consulting room, furnish the basis for a careful study and comparison of physiognomic characteristics, and he will come to use conventional phrases as the inadequate symbolism of language to signify pregnant verities in physical make-up.

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INTERMEDIATE TRACHELORRHAPHY.

INASMUCH as there are a long train of symptoms brought about eventually by extensive lacerations of the cervix uteri, I would here call attention to the treatment thereof by intermediate trachelorrhaphy, an operation devised by Dr. H. J. Boldt, of New York, and a description of which was read by him in a paper before the American Gynæological Society in 1889.

This operation is the uniting of a laceration of the cervix uteri sustained during labor, subsequent to the cessation of the lochia, and previous to the occurrence of any pathological change in the organ. When Dr. T. A. Emmet, some twenty years ago, gave his views on laceration of the cervix uteri, it was of great benefit to the profession and especially of much credit to America; and it is but just that he should receive full credit from all sides. He then showed that as a result of laceration sustained during labor, pathological conditions of the uterus may result, entailing much

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suffering, and that a large proportion of illness among women who have borne children is due to that injury. Dr. Noeggrath, a distinguished German gynæcologist, at the Wiesbaden Congress, in 1887, strongly opposed Emmet's teachings, his views being directly opposite, claiming that none of woman's ailments are due to this lesion, and to uphold this opinion he made an analysis of numerous cases coming under his observation. Equally trustworthy analyses of cases in practice have been made by other prominent physicians opposing Noeggrath's views, and one hundred cases are cited, in which it was shown that patients sought advice on an average of four years and nine months after the occurrence of the tear. In these it was advocated that Emmet's operation be performed as soon as possible after the time had elapsed for complete involution of the uterus; thus making the operation serve as a preventive of subsequent disorders. However, it is unnecessary to cite a long list of authors either here or abroad, as the majority of physicians who carefully observe the patients having lacerated cervices of such a degree as would justify this operation, and who have operated properly for repair of the injury corroborate this statement, namely: that, as a result of a lacerated cervix, we may have subinvolution of the uterus with subsequent hyperplasia; eversion and erosion of the mucous membrane, which has formerly been called ulceration of the womb; continuance of the irritation of the eroded cervix, and occasionally cancer of the part; the different varieties of endometritis; sterility; tendency to abortion, etc., etc. Dr. Boldt claims that we may have disease of the uterine appendages as a result of the tear, and gives his reason for claiming the latter, "as based upon the fact that several times there was no doubt as to the existence of a salpingo-oophoritis, and in a few instances when it was unilateral on the side corresponding to the tear, a few weeks preparatory treatment made very little difference in the symptoms originating from the adnexa, whereas after trachelorrhaphy had been performed upon these patients, improvement was comparatively rapid." In an analysis of 3000 women who had borne children, he found 109 of this number ill in consequence of the tear. For the purpose in view this is the largest number of patients utilized by any one without selection of cases; and therefore of value in the estimation of percentage. These 109 were such as had lacerations associated with marked pathological conditions, and received appropriate treatment from

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one to four months and were then operated upon, and kept sufficiently long under observation to establish the fact of their complete cure. Those patients who had been operated upon and not cured have not been counted in, neither the much larger number who it was thought were ill in consequence of the cause under consideration, but who either refused operation, or did not remain sufficiently long under observation. The number given therefore is without a particle of doubt; even the most scrutinizing critic can find no fault with the cases selected as proof to show the laceration to be the cause of pelvic trouble.

All lacerations are not productive of pathological changes, and the time varies at which symptoms exhibit themselves. The earliest period at which I have observed marked symptoms, was in a physician's wife, three months subsequent to delivery; but I think such early period is extremely rare, this being the only case under my observation.

The correctness of this observation, is based upon the disappearance of leucorrhœa, backache, hypogastric and inguinal disturbances, and a dull pain at the base of the cranium. Patients operated upon long after the occurrence of the injury, when the pathological changes, especially hyperplasia uteri, have existed several years, the reduction of the size of the uterus after trachelorrhaphy will not be so likely to result, as when attended to earlier.

Knowing what a train of symptoms may be entailed as a result of the tear in many instances, it is of course a rational and proper procedure to prevent their occurrence in future, whether unilateral, bilateral or stellate. By adopting this treatment, viz., two weeks' preparatory treatment, curetting, and performance of hysterotrachelorrhaphy, it is maintained that every woman having a lacerated cervix with eversion of the mucous membrane, and dense cicatrized tissues in the angles of the tear, is suffering or will suffer more or less, from the result of the injury sustained during confinement. The ideal method would be (could it be done with propriety), to sew up all tears immediately after delivery, as has been advocated by Pallen and others; but there are reasonable objections to this method and therefore it has but few advocates. These reasons indicate that the best course to pursue is to perform intermediate trachelorrhaphy in contradistinction to Emmet's operation; the latter being only required when morbid symptoms have been produced in the organ by pathological changes.

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It may be proper here to describe the operative procedure in the distinguished author's own words:

"The usual surgical precautions are taken, and the operation is done in Sim's position, the cervix is steadied with the tenaculum, and the cervical canal noted and avoided in the denudation. The surfaces of the tear are then carefully scraped raw, beginning at the lowest part; in scraping it is necessary to take off a thin film from every part of the torn surface, and the rawing or freshening of the angles and deepest parts of the tear are important parts. I have had a special instrument made with a triangular blade and both edges sharp for this purpose." It is understood that the edges of the instrument used for scraping must be very keen in order to make the rawing successful. For the rest of the scraping a curette has been constructed but an ordinary narrow bladed scalpel (Sim's knife) will however answer the purpose and the instruments should be resharpened for each operation.

"When the whole surface has been thus thoroughly denuded, including the cross tears of a stellate laceration, should such exist, sutures of No. 2 catgut are introduced; the first stitch near the cervical canal; the sutures must be taken as deep as the depth of the tear is or union will not result throughout the tear. Next of importance to the rawing, or in fact of equal importance is the tying of the sutures; if these are not tied with the utmost care the operation will be more or less a failure. If too tight, anæmia will be caused in the vicinity of the suture, and they will cut into the cervical tissue. If tied too loose, non-union will be the result, yet this latter is far preferable to the former, and the probability of error occurring will be from too tight tying. If wire is preferred, the sutures may be cut about the fourth or fifth day, to prevent ulceration of them into the cervical tissue. In my experience neither catgut nor silver wire if properly used will cut, and if it did occur most likely it would be due to faulty tying or twisting."

Individual cases of stellate laceration, will of course necessitate more or less modification according to the length and situation of the tears. The operation is somewhat difficult, but the results obtained will fully pay for the labor and time expended, the rule being that the surfaces must coapt neatly and without pallor being produced in the surrounding tissues.

The needles best adapted for this operation are the straight trocar pointed needles introduced by Dr. Pallen, and are made of

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various lengths to suit. As the ordinary tenaculums, owing to not having the proper angle to the hook, or being too short and bending at the handle occasioned some difficulty, Reynders & Co., of New York, have manufactured a tenaculum especially adapted for this operation, in which the entire instrument is forged from one piece of steel, tapered from the handle into a shank and hook; and being solid throughout they will outlast all others, besides being aseptic. The hook is slightly heavier and longer than in ordinary ones, also of appropriate angle so that the probability of slipping out while operating is almost impossible. Experience teaches that very much of the success of an operation depends upon the implements used and their reliability. In his paper Dr. Boldt stated that he had performed the operation twenty-six times, and among the number were four cases in which the desired result was not obtained on first trial. The first time this operation was performed was in October, 1887. The patient in her first confinement, some two months previously, sustained a laceration of the perinæum of the third degree, extending fully an inch into the rectum, and the extensive perineal laceration occasioned such an annoyance, as to lead her to consult the author of this operation. Examination revealed that there was present in addition a bilateral laceration of the cervix, extending on one side just up to the vaginal junction, and on the other side to within a quarter of an inch of it. He being in a quandary at the time as to the proper course to pursue states as follows: "In one way it would have been proper to let the cervix alone, as apparently no symptom was as yet produced by the tear, and there was no positive indication that any would ever arise; yet owing to its extent a probability of the latter existed, so it was perfectly proper to operate some way. On the other hand it was not justifiable to take off the cervical tissues for the purpose of uniting the torn edges by Emmet's operation, and the thought then occurred to perform the operation in the way described, as in case the result would not be what was hoped for the patient would certainly be none the worse for it, and could afford to wait until symptoms occurred requiring the regular operation."

I will now proceed to explain the advantages of this method, as compared with others for the same purpose. 1st. An anæsthetic is seldom requisite, because the pain is inconsiderable, and only in extremely nervous patients would anæsthesia be needed, and in most cases the operation can be performed in the physician's office.

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2d. It is absolutely free from any danger if properly performed, bearing in mind that the operation is contra-indicated, should any evidence of pelvic inflammatory trouble be present. After the operation the patient can go about as usual unless she has had an anæsthetic. In private practice request her to rest in the recumbent position an hour or two. Clinical patients go out immediately after operation, and not a single disagreeable result has ever been noticed in any case, though it is a good rule to become previously acquainted with the susceptibility of the patient. 3d. A most important advantage is that no appreciable amount of tissue is lost, and this reason above all others should recommend the operation whenever indicated.

It is too late to perform this operation as described, should symptoms produced by the tear exist, the sole intention being to prevent illness by any means devoid of danger. A patient should not be discharged from the vigilance of her accoucheur for at least three months after labor, it being eminently necessary to examine her about four to six weeks after confinement, and if laceration exists to repair it; as if sustained it will not be apt to heal spontaneously after lapse of that period. Nature never intended a large gap to remain in the cervix after labor, therefore the parturient canal should be rendered as near as possible in the original condition. Examination should be made again three months after confinement, which is subsequent to the period of complete involution, because if displacement exists it is then more easily and permanently rectified than later. In closing I reiterate, that the intermediate operation should be performed in every instance where applicable in preference to waiting until the patient becomes a chronic invalid in consequence of the injury.

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LEAD-POISONING.—CASES IN PRACTICE.

SEVERAL years ago a somewhat peculiar case was brought to my notice. The patient was a man perhaps a little over thirty years of age. His symptoms had been somewhat abnormal for about a year. He had been under the care of a good physician during most of this time, who had not only given him much per-

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sonal attention, but had called to his aid what he considered the best talent in the vicinity. He had also sent him to a celebrated oculist in a distant town, as well as to an electrician. All symptoms had, however, grown steadily worse.

He had, finally, been brought to the sanitarium, where I was then employed, but *not* for the sake of my opinion. I had but recently graduated in medicine, and was acting rather in the capacity of an assistant than that of a physician whose opinion would be asked in a difficult case. It so happened that the physician-in-chief of the institution was away when the patient called, and, as there was nothing better to do, I was consulted. After hearing of the array of physicians who had preceded me, and of the gravity of the case, it was with "fear and trembling" that I proceeded to interrogate the patient, for hitherto my practice had been entirely among those of my own sex, and principally in the department of Gynæcology.

In response to my questions, the patient told me that the first thing he had noticed was occasional double vision. A little later this had become almost constant, and the eyelids began to droop. Sometimes they would fall so far down over the eyes that he would not be able to see without lifting the lids with his fingers. There was no pain in the head, but a dull and cloudy feeling most of the time. The next thing that he had noticed was a difficulty in walking, often having to shove the feet ahead instead of lifting them. Sometimes, when fatigued, he could not for a few minutes move the limbs at all, and would have to stand still, wherever he happened to be, until the ability to propel himself should return. To get into a carriage unassisted, or make any other effort requiring a decided lifting of the feet, was at all times impossible. He told me the physicians had all said the trouble was paralysis, but had not decided on the cause, or prevented the steady progress of the disease.

Among the questions asked the patient with reference to divining the cause, was, whether he thought there was anything in connection with his business or general habits that could account for it. He answered that he thought not. But when I insisted upon knowing what his business had been, he told me he was employed in an establishment where mowing-machines were made. His part of the work was to fill what he called the "boxes" in the wheels with a boiling hot mixture called composition; that it was fluid

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while hot, and became hard when cooled. This mixture, he told me, was composed of tin, antimony, and lead. I immediately perceived that we had the key to the mystery, and that his inhaling these vapors was the very surest way he could have brought about the condition we found—viz., that called by physicians lead poisoning. I afterward learned that about ninety per cent. of this mixture was lead.

He went home and told his physician of our diagnosis, and was advised, if we gave any encouragement of cure, to place himself under our treatment.

He came, and was cured. The method was to act as vigorously as his strength permitted upon the excreting organs of the body, and to keep up the tone by good nourishment and such medicines as promoted general invigoration. Hot sulphur baths, sometimes charged with electricity, were used freely. After leaving the baths it was common for him to see dark patches over different parts of the surface, particularly around the eyes and forehead. The kidneys and liver were especially stimulated to all the work of depuration they were capable of.

After three months treatment he left us, so nearly restored that we felt sure time would do the rest. Not many weeks later he was able to begin labor for the support of his family—but not in the mowing machine establishment.

POISONING BY COSMETICS.—Some years later another case manifesting the results of lead poisoning came under our charge; but in a different stage and with very different symptoms, and different results.

This patient was a lady about thirty-five years of age, and a resident of St. Louis, Mo. The only symptom she complained of was a general losing of strength and muscular power. The whole muscular system was steadily and persistently failing.

The patient said she had been an unusually strong and healthy girl, but that when she was about twenty-five years of age she noticed difficulty in lifting her arms, and they soon became almost powerless. She consulted her family physician, who diagnosed lead poisoning, and ascertained that it was caused by a free use of cosmetics for the complexion. She had employed these for some years. Some of the preparations which she had used were analyzed by her husband, who was a chemist, and found to contain a large proportion of lead. She immediately discontinued this prac-

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tice, and under the charge of her physician, became apparently well.

About ten years later this lady, having noticed a general failing in health for some time previous, came East and placed herself under treatment in one of our largest sanitariums. At the end of a few months she was discharged, as cured. She decided, however before going to her Western home, to visit friends in the State of New York. About this time she noticed the same sensations in her arms which she had experienced years before, only that they appeared to extend over the entire body. She said that she remembered feeling something of it before leaving the sanitarium, but not sufficient to cause alarm.

As the difficulty appeared to increase, she determined to visit New York City for the sake of consulting her old physician, who had cured her before, he having removed from St. Louis to New York during the interval. She found him about to sail for Europe He advised her to consult a well-known specialist in the use of electricity, whose fame was then at its height. She accordingly did so. She related to this man her former experience, and told him of her fear that this might be something of the same character. He assured her that it could not be so, and that he could soon cure her. After several weeks' treatment, however, the trouble continued to increase instead of abating. Her confidence had now become so shaken that she concluded to go home.

Through the advice of a friend she decided to stop at the sanitarium spoken of above, where I was still employed, as it happened to lie in her way. She told her story, with many more particulars than are related here. We felt no hesitation in saying that the same old enemy was pursuing her in this secondary form. Calling to mind the case spoken of above—although we did not feel able to promise a cure under these circumstances—we proposed that she should give us the opportunity of a few weeks' trial. But it was of no use. In spite of every effort to rouse the torpid functions, and stimulate the nervous and muscular power, there was a steady failing in all respects. After about six weeks, feeling well convinced that nothing would arrest the progress of her disease, we decided that it was our duty to advise her to return to her friends—which she accordingly did. Results proved the correctness of this conclusion. She continued to try first one physician, then another, and another, but soon became entirely helpless. She lived nearly two

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years, never suffering pain, and always cheerful. She gradually grew weaker and weaker until all power was lost.

Not long after this we found another patient manifesting well marked symptoms of lead poisoning from a prolonged use of cosmetics. But there was little opportunity to observe results, as the lady died from an attack of pneumonia soon after this discovery was made.

I have since known of several other cases that should be included in this category.

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NERVE-FEEDING BY ELECTRICITY.

IN all cases where nerve-feeding by electricity is to be attempted, the application should be that of galvanism, and the instrument used for such an application should be a galvanic battery ranging from five to one-hundred cells, according to the urgency of the case. But in no case should there be any application of nerve-feeding by electricity when the patient is in a debilitated condition from any other cause excepting the exhaustion of the nerve forces. Electrical nerve feeding is done by a process of filling the channel of the nerve with electricity and charging that portion of the body between the diseased portion of the nerve and the remote part where the negative pole is placed.

The electric wires are connected similar to the charging of an inducting coil from the primary wire to the secondary coil lying at the outside of it.

The nerve-structure itself is not a conductor of the electric force, but the neurilemma or nerve-sheath conducts the current along the entire track of the nerve, and in that way each part of the fibre of the nerve itself is stimulated by induced electricity.

It is a well-known fact that from a vibrating coil there can be no induced electricity. In any case it gives induction for the time only. In all vibrating electricity, or that using an armature, known as the faradic coil, the current is travelling in two directions, first one way and then the other. But in galvanism, when the current is set up in one direction, there is no change in polarity unless by some interference in the elements of the battery itself.

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This is remedied, in all first-class batteries, by a switch by which the current can be changed at the will of the physician.

A current indicator and galvanometor is also placed at a convenient place in the battery box, so that the operator can tell in which direction the current is travelling and also how many milliamperes of electricity is travelling through the wires.

Every physician desiring to use the electric treatment should be supplied, not only with a current changer but also with an indicator and milliamperemeter by which the milliamperes of the battery may be accurately measured.

In all cases it should be first ascertained that a current is passing from the battery to the patient and through back to the battery again. After this is ascertained it should then be noticed whether the current is sufficient to produce a slight smarting sensation or not, and if it is it should be maintained as near his maximum of strength as possible.

The current of any galvanic battery may change by reason of the decomposition of the stronger parts of the elements themselves. In this case it is said that the battery has become partially polarized, and such polarization only lasts for a second or two if the circuit of the battery is allowed to remain open. Then the battery may be continued and used as before.

All batteries, for nerve-feeding, may be of any given strength, from five to one hundred cells, but each individual case will determine the amount of electricity it requires, and only sufficient to produce an action over the nerves which are diseased, should be used. Never under any consideration should the patient or physician apply greater strength. It should be borne in mind that whenever nerve-feeding is used it is not necessary to apply with the battery a strength so great that the patient should experience intense pain. The application of electricity may be perfectly painless to the patient, and yet give him as much benefit as though it were a shock nearly sufficient to produce instant death. The benefit does not come from heavy shocking, but from a constantly maintained current of a given strength, sufficient to raise the temperature of the body, in the part through which the current is passing, slightly above the normal degree. In this case the nerve feeding goes on in a slow, almost imperceptible manner, and by that process the nerves are strengthened. The force which passes by the electric energy through the veins, muscles, and nerve fibres

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is that of stimulation, and the nerve is gradually fed or stimulated through a degree of intensity which, if properly directed, will remove all difficulties which may exist in the nerves so treated. The intensity of the battery we sometimes change for the quantity, that is to say, it may be necessary so to set up the elements of the battery that a great amount of force will pass through the wires without increase of intensity. This is done to stimulate the nerve centres very rapidly by a free flow of the electric current.

Galvanism, while it is painless, is also the best method of treating all nerve diseases which the physician has at his command.

If a better study were made of the nerve structure, and our physiologists would endeavor to teach us more of the actual energy of the nerve, whether it is a fluid, an electric force, or what the motive power of nerve over muscles may be, we would understand better how the electricity seems to fill a place no other medicine has yet been able to reach.

In the treatment of nerve diseases, the place filled by electricity cannot be filled by any nerve tonic or any form of nervine which has yet been prescribed by the physician. In these cases electricity seems to be the only agent furnished to us for the treatment of debilitated condition of the nerve centres.

The ganglionic system is so constructed that it is interfered with by shocks, so that a sudden shock or spark of electricity interferes with rather than supplies the nerve force with the energy it needs. In this case galvanism is the only method to be practiced.

I have chosen this form of discourse for this article because this is the form of nerve weakness which is most often met with in chronic diseases of the nervous system.

HENRY INGHAM, M. D.

Bellows Falls, Vt.

TUBERCULOSIS.*

TUBERCULOSIS in one or other of its forms has destroyed and is destroying more human life than any other disease "that flesh is heir to." Its fatal ravages can be traced in every rank of society, in the hovels of the poor and the stately mansions of the rich. In-

*Read before the West Side Medical Society.

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fancy in its promise, youth in all its bloom, manhood in its prime, and age in its decrepitude, are alike the subjects of its withering power.

A malady so widespread and far reaching should always deserve the closest study as to its nature and treatment, and I beg to offer some views upon the same.

I believe tubercular phthisis to be a constitutional affection either acquired by the individual himself or transmitted by the law of heredity. This hereditary predisposition may remain dormant in the system for years until some exciting cause calls it into action, and that irritation does frequently prove an exciting cause there can be no question. Thus the simple "taking cold," develops tubercular consumption, and intestinal irritation in children frequently develops mesenteric tubercles, while in like manner dental irritation often proves the exciting cause of the scrofulous diathesis in enlarged glands about the neck. I believe that there is eliminated from the blood in a fluid state an unorganizable matter which in time becomes solid from absorption of its fluid constituents, and either remains upon the surfaces where it is deposited or is removed according to the want of or freedom of communication of these surfaces with the natural outlets of the body. I believe, moreover, that it is not always in its incipient stages an inflammatory condition. The initial deposit and secretion of tubercles in many cases I am sure appears without any decided or at least observable appearances of derangement of the system. But when the predisposition already exists an accompanying bronchitis or other inflammatory condition of the tissues is generally present, either as a cause or an effect of the secretion of the morbid matter. Let us illustrate the theory. If a person whose blood is in good condition take a cold that settles on the lungs, he either recovers spontaneously or is cured by proper therapeutical measures. But if the patient have a phthisical inheritance or his blood be contaminated by tuberculous matter, recovery does not take place, a high temperature is maintained, the cough does not cease, and in a short time the lungs begin to show all the evidence of consumptive disorganization. The reason is plain. As the result of inflammation of the lungs, bronchi or pleura, what would in other persons be organizable fibrin, or some amenable product fit for the vital process of absorption, becomes, in this latter class, true tubercular matter; and the unfortunate patient

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has developed consumption of the acute or chronic type as the case may be.

The deposit of tubercular matter while it selects the lungs as its favorite seat frequently takes place in other organs.

In adults the laryngeal and intestinal mucous surfaces principally suffer; while in children the brain seems to be the organ most frequently affected. This is probably explainable by the law of development: thus the head in infants is very large in proportion to the rest of their body, the abdomen holding a middle place, and the chest is the least developed of the three. Now as childhood advances the trunk increases in greater ratio than the head; but at this period the abdomen is much more developed than the chest, and it is not till youth or early manhood that the chest acquires its full size in proportion to the rest of the body. So in nearly the same order does tubercular disease attack these different regions. In infancy and childhood we may expect the brain to be the seat of the disease, in more advanced childhood the abdominal viscera, and in youth and full adult life the lungs seem to be the selected organs of the deposit. Still, we must bear in mind that, no matter what organ shows the destructive lesion, it is by no means a local disorder. Only the wonderfully depraved and degenerate state of the entire system proves how far beyond the local disease is its true origin. In truth the essential characters of the disease depend more upon its diffusion through the whole body than upon the local mischief. The general disorder may often be developed to a very great degree and yet the local mischief may be slight, and the tubercles scattered over a number of organs. In these cases it is difficult to decide whether the disease should be called pulmonary phthisis or not, for the disease of the lungs scarcely preponderates over that of the rest of the body; and the seat of the disorder is to be looked for in the fluids rather than in the solid tissues. It can be stated with truth that pulmonary consumption is a mere fractional part of a great constitutional derangement.

I make these statements with a full knowledge of the modern theory of the consumption *bacillus* being the cause of the disease. Such a speculation may satisfy the experimental scientist and the credulous doctor who is willing to accept every new theory that is presented from an orthodox source; but the physician who has watched the development of this disease in hundreds of victims

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wants stronger proof than the presence of bacilli in the sputa to satisfy him. I admit that the bacilli are present in the disease, but no one has yet been able to find them till the progress of the disease had provided a suitable soil for their culture.

In regard to the treatment of this most important and far-reaching malady, I need hardly recall to you the old methods; and in our times we know the many diverse treatments for this disease —the hot air and the very cold air; the oxygen and the hydrogen gas; the antiseptics, as creosote and carbolic acid; the one which has survived from long ago, cod liver oil, and the hypophosphites. That some of these agents are appropriate for the disorder is true, and the proper selection of any one of the medicines to suit the individual case will be advantageous. Often, too often, however, they will fail. I am sure if the balance were struck, that modern hygienic treatment alone would show very favorably against the purely medicinal; and I believe it to be a vagary to look for the destruction of the bacilli of tubercle, for as before stated they are present as an effect and not as a cause, though no doubt their presence maintains and aggravates the disorder. I have used the antiseptic treatment by the mouth, and injected cavities in the lung with the effect of relieving for a time the cough, night sweats and other symptoms; and I have succeeded in doing the same thing by other good tonic treatment as well; and I feel justified in saying that life can be prolonged and a fatal day put off by care and attention to your patients.

Hygiene in every little particular is the principal point upon which any success toward the recovery of our patient is to be at all looked for; and this brings us to the question of a change of climate. It is important to phthisical patients not only as a benefit physically, but also mentally. A change of air is of itself of great good as an alterative, but the cases must be selected that we wish to benefit by change of climate. If the case be of an acute type, attended with high fever and the strength rapidly declining, I feel it is dangerous to advise a change, for a journey, even a short one, is badly borne; and it is cruel to banish a sufferer from his home surroundings when in the last declining stage, for no good can come of it, and to die among strangers, far from one's own hearth, is to say the least a great hardship.

In the beginning stages of mild consumption—and the large majority are of this class—and in the chronic type, change of air is

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all important, especially if it is the patient's experience that the winter or spring gives rise to much cough or other laryngeal or tracheal irritation. When the disorder of the digestive organs is a prominent symptom—and indeed there are few cases in which dyspepsia is not more or less present—a change of scene and air is always beneficial and to be recommended. Our health resorts for this class of patients are now so numerous and well known that I will not weary you with all that could be said for and against them. Our duty is to select the best place for individual cases. It is not well to advise too long journeys to far away places, for I think that every advantage of change of climate can be found not a half day's journey from New York. We have the high mountain ranges in our own State, and what I believe better than all, the sandy soil and the pine region of New Jersey. A climate of this latter class is particularly beneficial in all respiratory affections. Barnegat Park in this region has lately come into notice as a health resort; and on a late visit there I was at once minded of its many advantages. The dry sandy loam with its rapid absorption of all moist vapors, giving that dry rarefied air so extremely beneficial, the luxuriant pines giving off everywhere their healing balsamic odor, and the aseptic condition of the atmosphere generally, give us all the conditions necessary. With the ocean about four miles off and the aforesaid sandy soil, all malarial and other organic emanations are entirely prevented, and the air is inimical to germ life as is that of the highest altitudes.

P. S.—Since this essay was written Dr. Koch's so-called "discovery" for the cure of tuberculosis has been promulgated. In spite of the positive claims made in its favor, I am of the opinion that it will fail to give the promised results, and I am not alone in this belief. The following from *The World* of November 19th so fully confirms my opinion, that I feel I cannot do better than close this paper by reading it:

"The *Courier des Etats-Unis* publishes an interview with Prof. Michel Peter, of Paris, a prominent member of the Academy of Medicine: 'I will tell you just what I think about Dr. Koch's discovery,' said Professor Peter. 'From the information which I have been able to obtain, it seems to me Dr. Koch has approached the problem in the best way, by beginning with the microbe. On the one hand he wishes to destroy the microbe, and on the other hand, he tries to so modify the organism that the microbe cannot

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find an abiding place favorable to its reproduction. If he has accomplished this result it will be the grandest triumph of modern medicine.

"'But I am not sure,' continued the professor, 'that tuberculosis has a microbe origin. For my part, I consider that phthisis is of a human origin. In other words, that we produce in ourselves not only the tubercle, but the bacillus of Koch. It comes from within and not from without.

"'Certain experiments upon guinea pigs show that where they were inoculated with scrofulous pus in which no bacilli could be found, they became not only afflicted with tuberculosis, but there were found in the tubercules the bacilli which did not exist in the liquid with which they were inoculated. Therefore, this bacillus was produced by the organism, and, not coming from without, is the effect, and not the cause of the disease.'

"Professor Peter gave as his opinion that the best means of effecting a cure for tuberculosis was a rigid observation of the laws of hygiene."

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SHALL ECLECTICS CONTINUE TO EXIST.

THE article in the *Medical Times and Register*, of August 30th, awakes much discussion in our journals, till perhaps an additional word is almost superserviceable. Yet to read the argument that there is no further reason for Eclectics to exist as a distinct school of practice is amusing. The editors who argue thus, belong to the body that *never* did see any such reason. It is not a new light which has fallen upon their vision, but a new color to the lenses through which they have been in the habit of looking at things.

The plea is somewhat assiduously put forth that physicians of the Old School are essentially eclectic. Aye, so essentially so, as to exclude every avowed Eclectic from meetings, conferences and professional consultations. Witness the so-called International Medical Congress of 1887 at Washington, where President Gemmill and others were debarred from the common rights of members. Now-a-days, Old School doctors will accept invitations to consult with

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Eclectics; but never invite an Eclectic to consult with them. In this case, certainly, "money makes the mare go."

The question why Eclectism exists, is hardly one for argument. We all have in years past, analogous reasonings why the Republican party continues its organization, now that slavery which made the issue, is out of the way, So far that question has not gone for much; but the party has continued to elect Presidents, Congressmen, and Governors of States, as though it had every reason to "live long and prosper."

No more consideration should be given to the pretext that "regular medicine is essentially and necessarily eclectic." As an argument it is not dense enough to cast a shadow. To return to the lost comparison. In political circles every Democrat will avow himself essentially and necessarily Republican, and every Republican professes to be a genuine Democrat. Nobody disputes either of them seriously, or considers the statement a valid reason for disbanding either political party. There exists an ulterior and fundamental reason for the distinct organizations, and everybody knows it. We can truthfully affirm that Eclectic Medicine is essentially regular in every sense in which the term "regular" is legitimately employed; but this will not show that there is not an intrinsic difference which keeps the two schools apart, and must till "God puts a new heart and a new spirit" into the party to which the *Times and Register* belongs. The harping upon names and seeking to fish up an argument in that way is superlatively childish and ridiculous.

The reason for keeping up a separate establishment for Eclectics, is analogous to that for which Protestants maintain a separate establishment from Roman Catholics, and English Dissenters remain distinct from the Established Church. In these cases, the Protestants and Dissenters are abundantly denounced as "Sectarians," just as the adherents of the American Medical Association proscribe the Eclectics by the same term as a stigma. There is a vital difference, and these names are only incidental means to indicate it. The fitness of these names is a matter outside of the present discussion.

The statement that "in the regular profession there is utmost liberty for individual preference," is true only in a qualified sense.

The member of an orthodox medical society, treating his patients upon the Eclectic or Homœopathic method would speedily

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find the cold shoulder turned toward him on every hi not boycotted outright. It is not so many years sin cock of Sing Sing was stigmatized as a quack and d admission to the Westchester County Medical Societ administered medicines after the homœopathic formu Ethiopian changed his skin?

The medical statutes foisted upon the legislation States, to the utter shame and dishonor of Republicar are carefully and purposely worded and operated fo of depriving Eclectics of their rights as physicians. bill is so amended as to assure Eclectics a fair chanc sylvania in 1889, the advocates abandon it at once. course of the Medical Colleges in Pennsylvania is a that ought to be avenged with the utmost rigors of l est court would do it.

The reason for a distinct school of Eclectic Med in the genius of the two organizations. The Nat Medical Association is pledged to support the righ men as men, despite arbitrary attempts to control the dissemination of an improved practice of medicine. can Medical Association repudiates all this, and its obligated by a code which proscribes as virtually lep clean all who do not belong to its number. The c to the advancement of the profession in the interest the other, to the personal and selfish interests of members.

God and the devil are not at wider antipodes thai

The pretense that the great mass of Eclectics a qualified as the physicians of the Old School is an nothing more. True, that medical colleges all ove have required their graduates to agree to surrender i in case they adopted "irregular" views; true that "irregular" preceptors are excluded to-day from mec true that it is hard for a student openly declarin Homœopathic practice, to graduate at all.

But all this exclusiveness has failed to make "ir titioners ignorant, or to prevent Eclectic colleges manned by scholarly and accomplished men.

It is easy to prate about "Buchanan graduates." be told, and the "regulars" will be first to squirm a

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John Buchanan was not the first man here or abroad to sell medical degrees. If Commissioner Eaton ten years go, instead of stopping with Buchanan, had pushed the matter further, it would have been disclosed that "reputable Medical Colleges" in affiliation with the American Medical Association, derived a considerable revenue from the sale of diplomas, or the conferring of them, for nominal attendance alone. The "regular physician" still lives in New York who asserted that one such college, not far away, had sold more diplomas than ever did John Buchanan. That assertion has not been contradicted.

Another fact is, that where one Eclectic bought a diploma from Buchanan, twenty "regulars" purchased them, and still practice by them.

Some few Eclectics have procured diplomas and drifted into the Old School, hoping to advance their social standing and personal interest. We have to find out those who have done so from conviction.

On the other hand, many of the most earnest and worthy Eclectics and Homœopathists of our acquaintance had graduated in the Old School, and left it in quest of a more excellent way. The old routine did not serve; they learned too much to adhere to it.

The most cogent of all reasons, perhaps, for the continuance of the Eclectics as a distinct school of practice consists in the fact that there is all over the country an urgent demand for Eclectic physicians. Every State where they are known, has numerous places for more. Within a hundred miles from New York physicians of stamina belonging to the Eclectic school are imperatively needed. So urgent is the demand that the other school, itself proscribed by legislation all over Europe, is indefatigable in intrigue, secret bribery, and other unhallowed means to make it unlawful for them to practice medicine in the several States. They only permit a right to Eclectics when they must.

The Old School watchword is: "Too many doctors!" The Eclectics have not enough. Prohibitory legislation will fail to change this condition. There are too many routine doctors of the Old School affiliation, as everybody knows; but the demand for more Eclectics has not yet reached its limits.

It may be well to suggest to those of our Old School friends who really think it is time for the Eclectics to affiliate with them that the event can hardly take place till they not only cease mis-

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representing us, but also forbear to blow hot and c
same mouth.

HÆMATOCELE—A CASE CURED BY ELEC'

ONE evening in March, 1890, Mr. —— called at n
requested me to visit his wife. He represented he
from neuralgia, and desired me to give her electric t
endeavored to learn from him the probable seat of t
and what physician had been consulted. He gave r
of two prominent physicians, Allopathics, who then ha
charge. One is a general practitioner; the other mac
of Diseases of Women. I suspected uterine or vag
but he assured me that both the physicians had exam
declared that there was nothing of the sort.

The treatment was certainly heroic. She was taki
grains of quinine daily, with unpleasant results in ab
none indicating any benefit received. I promised t
morning; and to tide the night over comfortably, ga
pills, each containing a fourth-grain of morphia, with
administer them, one in two hours. They proved of
however, in alleviating her excruciating pains.

When I visited her in the morning, I discovered
her trouble. There was a firm mass in the left posteri
portion of the vagina. It did not exhibit the hard c
fibroid tumor, nor the softness of an abscess, but was
ball filled to distention with water and fastened in
cord. I explored the uterus with a sound, but aside
out of place, there was nothing wrong there.

Upon interrogating the patient, I learned that tl
the result of violence. One day, when in her usual he
been engaged in washing. It was a windy day, anc
about to hang the clothes upon the line, the wind bl
yond her reach. She attempted to grasp it, and at
stant felt the sensation of something giving way in he
hurried into the house, and as the pain became more
tense, a messenger was sent for a physician. The p
seated in the left sciatic region, and he declared it
neuralgia.

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She did not improve at all under his treatment, and he called in the specialist. The expert prescribed forty-five grains of quinia, given at three periods each day. No good result, however, followed.

Without hesitation I declared the case to be Hæmatocele, and advised her to go for treatment to the Woman's Hospital in New York. When the specialist in Bridgeport was told of my opinion, he of course railed at me and pronounced it "a damned lie."

The next day I gave the patient a letter to Dr. T. G. Thomas, and she set out for the hospital. Twelve physicians and specialists there, confirmed my statement, among them Doctors Thomas, Bozeman and Emmett. She remained at the hospital two weeks. The physicians then told her that an operation performed at that time would be fatal. They accordingly directed her to return home, and to come again at a future time when it would be more safe to operate.

About a week after her return, her husband called upon me early in the morning greatly excited. He said he feared that she was dying. I repaired to the place at once. She had, the night before, taken five Brandreth's pills. They had done their work in hastening the alvine secretion, but the tumor blocked the rectum, producing intense suffering. Placing her in the "knee and elbow position," I made an examination, and found it there, a firm, immovable mass. It defied efforts to get it out of the way, and at my advice, she went again to New York. On the way, the motion of the cars changed the position of the tumor so as to give relief from the immediate trouble.

On her arrival at the Woman's Hospital, the physicians and nurses received her with undisguised astonishment. They had not expected when they sent her home, she was told, that they would ever see her again alive.

It was arranged, as I supposed, to perform an operation upon her, the ensuing Saturday. Both her husband and herself entreated me to be present at that time. Accordingly I went to New York that morning, arriving at 11 o'clock. A nurse told me that the patient had left for home on the train leaving at eleven. I felt piqued and did not go back to Bridgeport till Monday.

On my arrival at home I found a note requesting me to call at my patient's residence. A more despondent person I wish never to behold. Her days, she declared, were numbered. Dr. Thomas

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had told her, she said, that she could not live long, and assured her that an operation was utterly out of the question.

She had gone home in despair. She now entreated me to do what I could, till the end came, to relieve her of her agonizing pains.

This put me upon my mettle, the doctors of New York, standing highest socially and regarded as surpassing all others in professional ability, had given up the case as beyond their skill. It was my opportunity. I resolved to try the electric treatment, confident that it would accomplish good results. She received two treatments daily for two months. She became able to do her usual housework, and at the end of that period, the tumor had entirely disappeared. I declared her cured.

Up to the present date, she has continued well, with no sign of return of the old complaint. She walks wherever she pleases, uphill and down-hill with perfect impunity. Her husband refuses to let her wash or do work that he fears might bring on a recurrence, but she confidently declares that there would be no danger.

J. D. S. SMITH, M. D.

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THE BIO-CHEMIC SYSTEM OF TISSUE SALTS.

MY attention was first called to the Bio-chemic, or Schüsser's system of "tissue salts" in 1884 by our late lamented friend and counsellor, Dr. H. B. Steele. While I do not generally believe in following every new theory that arises in the medical world, yet we should not refuse the hand of any good Samaritan that offers us aid.

The theory of the Bio-chemic system rests upon the hypothesis that the tissues are composed of the following metallic bases—sodium, potassium, calcium, silicon, ferrum and magnesium. These are united with reducing bodies to form twelve salts, as follows: sodium chloride, phosphate and sulphate; potassium chloride, phosphate and sulphate; ferrum phosphate; calcium phosphate, sulphate and fluoride; magnesium phosphate and silica. 2. The body of the blood consists of water, sugar, fat and albuminous substances, together with varying proportions of these salts; that each definite tissue of the body is built up by the chemico-vital interaction of these salts upon the blood, within the cellular tissues of

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the body; that health consists in such exact relations subsisting between all these elements as may be normal to each individual. *Per contra*, disease consists either in excess or deficiency of one or more of these salts in one or many parts of the economy. The object of the physician should be to study the histological or vito-chemical relation of each of the salts to any or all of the tissues, so that by observing health, he may know disease. And by knowing which salt predominates in certain parts of the body, he may by observing the disease symptoms learn what salts may be in unnatural relation to such tissue; and by exhibiting said salts produce a renewal of proper life in the afflicted portion. Such is as I understand the theory. It further specifies that, "Ferrum is a constituent of the blood corpuscle and muscle cell; magnesium phos. is the salt of muscles and nerves; also that the action of magnesium is the reverse of ferrum. Functional disturbance of the iron molecules relaxes the muscles; functional disturbance of the magnesium molecules *contract* the muscular fibres. Potassium phosphate is the salt also of brain, nerves and muscle cells, the disturbance of which produces *debility*, and tends to dissolution. Calcium phos. is the salt of teeth, bones, *connective* tissue and the blood corpuscles. When the balance of sodium chloride is disturbed, we get diseases of the watery contents of tissues. Potassium chloride stands in chemical relation to fibrine, and its disturbance produces exudations. Calcium fluoride is the salt of the elastic tissues, and its disturbance produces enlargements of blood-vessels. Silica presides over suppurative changes. Sodium phosphate decomposes lactic acid, and modifies diseases of digestion. Sodium sulphate, modifies bilious conditions. Potassium and calcium sulphate follow more closely homœopathic indications.

Such is the outline of Schüssler's system. Doubtless if one were to live isolated from other physicians, a great deal could be accomplished by a very careful study of these remedies. But one who lives in active competition with nine other hungry doctors cannot trust too much to new remedies. Therefore I cannot verify personally the whole of this system. Nevertheless I have found a number of good things in the remedies.

Ferrium phosphate.—In acute fevers in infants, with pressure to the brain, when the face grows red upon rising, with non-bilious vomiting, I have had several fine examples of benefit from the use of ferrum phosphate. In inflammatory conditions about the navel,

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after the cord sloughs, when there is no suppuration, I have helped several cases. In all cases of local excitement in the walls of blood vessels with increased pulsations, not connected with internal obstructions as tumors, I have often had good results. In recurrent epistaxis occurring in strong children, when the bowels were not constipated, I have seen several cures. In uterine hemorrhages, not traumatic, occurring with increased and feeble pulse, I have done nicely. Such cases often have excitable stomachs and reject ordinary remedies. The ferrum phosphate relieves these anæmic congestions of the stomach as well as the uterine troubles, and paves the way for hamamelis and calcarea C. I also used it in one case of Purpura Hemorrahagica with a rebellious stomach, with benefit, and have used it in a vesical hemorrhage with success ; also in active vertigo not from digestive wrongs, and in tense and swollen sensations in the bowels. In irregular heart with advancing degeneration and anginal attacks I have seen good relief for a season. In all cases of threatened arteritis it is my first remedy. Doctor Schüssler mentions its use in the transitory mania of sows, when they eat their young. I had the curious fortune to verify this in 1885 ; with six powders the porcine mother regained both her natural appetite and maternal affections. I have tried it in continued fevers with no very favorable results.

Magnesium Phosphate.—This is my second best remedy. I have used it thousands of times in all forms of spasmodic pains—quick darting pains, which are made better by external heat. In some patients it will relieve dysmenorrhœal pains and its continued use will prove curative. Such cases of course are not those of mal-positions. When convulsions are due to toxic substances and not to persistent obstructions magnesium phos. acts nicely. I saw one child that had been convulsed 1 hour, with rapidly repeating choreic spasms permanently relieved in 5 minutes by rapid doses in hot water. I use it almost exclusively in infantile colic, always of course correcting any extreme digestive aberrations. But it will give many a poor child a sweet sleep who otherwise would get some vile combination of opiates. If the whole system had produced nothing else than this salt to relieve babies' colics, it would have been worth more than many more pretentious labors. It is valuable in all forms of pains not dependent upon actual obstructions. But it works better upon such pains as are *relieved* by *heat.* This is the best symptom for its use—external heat relieves.

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Potassium Phosphate.—This salt has cured for me 3 cases of chorea minor this year—cases where the chronic symptoms were confined to the head and twitching of the eyes and mouth—with jerks in the neck. It will relieve pains in the limbs and sides that come from fatigue or over-worked nerve centres. Paretic symptoms which are not due to active changes in the neural or spinal membranes get relief from potass. phos. And internal organs that are acting badly from over-work either as a result of blood impurity or bodily debility sometimes get efficient aid. Foul smelling dejections in children with evidence of excretive debility get relief, as do also some cases of incontinence of the urine from vesical debility or spinal inactivity. Pains all over the body with debility, when pains are not helped by heat, will sometimes give way nicely to this remedy, I have cured insomnia from worry with it in alternation with sodium chloride.

Potassium Chloride.—After ferric phos. has relieved the febrile symptoms of rheumatism of the joints, sometimes the potassium chloride will do wonders for the effusion and lameness. I have seen the joints limber up very quickly ; and at times this is the best treatment for rheumatism, then again it is valueless. Why this is, I do not know. In chronic rheumatism I have used it a great deal with good results, but lately I rather depend upon lithia. In clearing up the exudation after pneumonia and broncho-pneumonia, it is sometimes a wonderful help. I cured two cases when the grip and pertussis had come on together, followed by broncho-pneumonia, producing a condition that resisted all my remedies till I struck the Pot. chloridi, when recuperation became immediate and perfect. It also has a very beneficial effect in some cases of catarrh of the bronchial tubes and gastric mucosæ together, which make intractable cases. One lady, whose sister died of this disease, became very much emaciated and weakened, but under the Pot. chlor. she has gained flesh and is very much better. It is my remedy for acute catarrhs or sniffles in children if the case has been neglected. In recent cases I prefer *minute* doses of arsenic, album. and Nux V. Pot. chlor. is valuable, in acute albuminuria, following scarlatina, or nephritis from colds. In such cases it treads close upon lithia in value, and where there are slight dropsies it acts much like apocynum. However, I infer that apocynum acts by contracting the walls of the capillaries, while potassium chloride acts by

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increasing cell inhabitation. In dropsies of the legs with tense shiny skin, where there is no great cardiac weakness, it will sometimes act like magic. In chronic albuminuria, when under heat and nit. acid, the albumen remains flocculent in the test tube and will not consolidate, the Potash C. has done me fine service. In hoarseness, from the formation of tenacious mucus, I value it equal to spongia. In local oademas it is valuable. In internal collections of fluid (cystic tumors) I have seen it lower the water many times. It thus gives the patient a respite—while you can build up the heart and general body to the point of an operation. I thus rallied one woman in Southington who had a large internal cystic tumor with a terribly diseased heart, upon whom all the local doctors had passed a hopeless opinion. I got her so strong that she went to York State and was operated upon and cured. I am now reducing a somewhat similar case in Waterbury.

The medicine will not act upon ovarian tumors when the solid parts are increasing. In dropsy of the pericardium it is also useful. I saw a wonderful case in Berlin some years since, where a man was so full of water that he could not move from his chair. He had no power to use anything but his head and arms. He sat and spat up a watery phlegm about once a minute continually. His heart was in an awful shape. Under potass. chlor., with hydrastis and digitalis, he became so well that he walked a mile to vote. Subsequently he had another attack, having moved to Meriden, and under different advice, died. I also had a patient two years ago who had had sub-acute otitis media for some years, with increasing deafness and very bad general conditions. He became suddenly much worse, with swelling over the mastoid bone, tendency to vomit, confusion of ideas, and finally delirium. The case went on until he had one-sided convulsive attacks, and sank into a stupor. Dr. St. John, of Hartford, was called to see if trephining the mastoid cells would do any good. By this time the patient was nearly comatose; the jaws relaxed, the urination involuntary; the eyes partly open, and all things pointed to speedy death. Dr. St. John gave his diagnosis of meningitis, and considered the case hopeless. From a peculiar idiosyncrasy this man cannot take iodide potass.; therefore I gave him potass. chloride on his tongue every hour. He was beyond taking nourishment. To my absolute surprise he slowly amended. In four days he knew me, and made a slow and incomplete recovery. He is still dizzy and weak.

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In this case I cannot help believing that the potass. chloride had a specific action to promote resorption of the effusion.

Potassium Sulphate.—I have really not found much use for this remedy. In a few cases I have thought it helped chronic rheumatism, but my experience is not very definite nor extended with it.

Sodium Phosphate.—I have used sodium phosphate to relieve polyuresis and diabetes, as recommended by Dr. Schüssler, with no results. In green diarrhœa of infants I have had some benefit when the disease was accompanied with much wind, but consider it greatly inferior to lactic acid, or even cupri arsenitis. In apthas attending summer complaints in children, I have had some cures, but believe I had rather use boracic acid in the apthous membranes, and use the iodine to prevent its return. In gross doses of the crude article I consider sodium phosphate one of our best remedies.

Sodium Chloride.—With this in high dilutions I have had several good cures of chills and fever. Have also seen it at the 6 dec-trituration relieve acute insomnia, used in alternation with potassi phosphate. I have seen it relieve acute catarrhal fluxes of the nose and eyes, which were accompanied by profuse secretion of saliva; but here I got better results from euphrasia and arsenicum, and have not followed it up much.

Calcium Fluoride.—This remedy has disappointed me in all ways. I never could see any results from it in such few cases as I have used it.

Calcium Phosphate.—I have used this in scrofulous infants, with delayed dentition and with tumid abdomen, with tendency to marasmus, with benefit. It also is of value much in the same line as magnesia phosphate in more chronic cases. But I do not regard either of these two salts as nearly as useful as the calcaria carbonica, which is not included in this system, but the value of which grows more apparent to me all the time.

Calcium Sulphate.—In the form of hepar sulphur of the homœopathic pharmacopœia I have used this salt in a great many cases, finding it of benefit in all cases of suppurations, and consider its use too well known to require any elaboration here.

Silica.—As a healer of suppurations I prefer hepar sulphur to silex, although I have helped old cases of suppurative otitis with prolonged use of it. My chief use has been to promote expulsive

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power of the rectum, for which it is very effective. I have also used it to stimulate the recuperative energies in certain chronic diseases attended with depraved secretions and herpetic states—cases in which the hair loses its lustre and the nails become thin and frangible. In these states I think it sometimes does better than the other metallic bodies; yet I find much more frequently need of ferrum, arsenicum, and even caprum, than I do of silex.

As regards the cure of diphtheria by these remedies, I am exceedingly skeptical. Gertain ephemeral types such as Mackenzie styles catarrhal, may disappear under kali-chloride, but they will disappear equally well under eucalyptus or phytolacca, and where they depend upon inflammatory lesions of the body of the tonsils, guiacum is also efficient.

It will be seen that I have only written my actual experiences, with no attempt to harmonize my results with Schüssler's theories. To my mind very few medical men can definitely determine *which tissue* is the *fons Norigo* of the diseased state before them. Therefore to attempt to convey remedies to act upon definite tissues in cases where disease involves several, must be working in the dark. The best results come from studying the whole man, and not alone the diseased parts, and then direct the remedy to such organs as will be the quickest made healthy, to get their aid in restoring the remainder. Man is a whole being, not to be taken to pieces like a clock, and this worst error of many doctors lies in forgetting this. In their haste to relieve one symptom that is prominent they overpower other portions of the economy whose aid is essential to hold what they may gain elsewhere, and thus as Dr. Eberle showed, they not only increase the mortality of existing diseases, but actually create new ones in their mistaken zeal.

The student of these tissue salts will be cheered on his way with the reflection that while he may often do a great deal with them, he can certainly do no harm. And whoever studies Ferrum Magnesium and Potassium Chloridi in the diseases of infants can at least escape that most damnable of all wickedness, the use of opiates in the diseases of children.

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RECENT PROGRESS IN MEDICINE.*

The Present Status of Consumption.—After a perusal of Koch's masterly address to the Tenth International Congress (*ueber bacteriologische Forshung Berlin, 1890*) a light begins to break in upon the gloom, which has heretofore surrounded this scourge of mankind—consumption. Koch gives just a hint, no more, as he has not fully completed his investigations, that a method will shortly be forthcoming that will antagonize or kill the bacilli tuberculosa. Independently from another quarter comes the report of Reuter, of Austria, who has noticed for years that workmen employed in galvanizing articles with gold and silver never suffered from tuberculosis, and that many sickly workmen suffering from lung complaints, after a few months' work lost their cough and night sweats, gained flesh and became apparently well. The impression is that the healing properties reside in the prussic acid, the use of which is essential in these workshops where the metals are dissolved in potassium cyanide. A cablegram of November 4th, from Berlin, states that Professor Koch has asked the Senate to relieve him of many of his duties, that he may have more time to proceed with his inoculations. Koch's first consumptive patient outside of the *Krankenhaus*, is Frau Sigismond. She has been inoculated with the lymph in the back and breast. While the press is flooded with varying statements regarding Koch's announced cure for consumption the professor remains deaf to all inquiries not going beyond what he had shadowed at the meeting of the Tenth Congress. It appears pretty certain that Koch is cultivating the tuberculous bacilli (for he has recently from München ordered two hundred incubating stoves) diluting it and in conjunction with a gold or silver solution is injecting this attenuation into the subcutaneous cellular tissue of the breast and back. The failure of treatment has led the investigations of the past year into the causes of tuberculosis and the manner in which infection takes place. The bacilli remains firm as the cause, and no evidences have been forthcoming to show that tuberculosis has any other cause. Heredity sinks in value more and more, and it may be absolutely rejected as a cause of tuberculosis pulmonary. In the

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orphan asylum at Nuremberg with 400 children it has had but two cases in eight years. Cornet records but sixty-three deaths from tuberculosis in 87,000 nurses. Neuhaus failed to produce consumption in rabbits by association with phthisical mates, because rabbits do not expectorate. Consumption is produced from two sources: Dried Sputum and Milk. Hirschberger after two years' observation found milk of tuberculous cows infiltrated in 55 per cent. He took thirty-two minims of market milk collected from ten different sources and injected into animals with fatal results. Milk is rendered less dangerous by dilution with other milk for its virulence is lessened—but experiment proved it dangerous in a dilution of 1 to 40. But one case of direct transmission of tuberculosis from cow to calf known. Direct transmission is doubted.

Ernst Laws I. That milk from a tuberculous cow no matter where the disease may be situated may contain bacilli. II. The virus is present whether the udder be affected or not. III. No grounds for believing that the udder must first be affected. IV. On the contrary the greatest disease has existed where the udder has not been diseased. By means of a micrometer for counting blood corpuscles it was found that 820 bacilli sufficed to engender a fatal tuberculosis. *Milk should always be boiled before using*, therein the only safety lies.

It has been suggested that the sweat of phthisical patients may propagate the disease, but Dr. Malter failed to produce any results in inoculated animals. Cameron wants the flesh of fowls added to the causes, and relates the remarkable fact that soon after a consumptive came to live where hens were being raised for the market, they began to sicken and die, and so great was the number of deaths, that an investigation was made and a bacilli was found closely resembling the bacilli of man but much smaller. He believes the fowls became affected through the dry sputum filled with the tuberculous bacilli expectorated by the consumptive man.

The bacilli tuberculi won't affect all tissues alike, in fact it has decided preference for some situations over others, by preference it selects first the glandular structure, the lymphatics and spleen, then lungs, liver, heart, and lastly kidneys and genitals.

The modes of invasion are undoubtedly by the alimentary canal and lungs. In 147 cases of fatal tuberculosis in children reported by Woodhead, only 43 cases involved the intestinal canal while 100 cases the mesenteric glands were diseased. He consid-

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ered the most common cause of primary localization of tuberculosis in the mesenteric glands to be due to the use of milk containing the tubercle bacillus. Tuberculous meat does not often affect unless it is so diseased that it has decided nodules scattered throughout, as it is most always cooked apparently sufficiently to kill the bacilli. Therefore, in the majority of all cases the direct cause has been the inhaling of the dry pulverized sputum of the consumptives. So deadly is the dry sputum that after dilution with 100,000 parts of water it has been cultivated. After 125 days frozen in ice it has inoculated guinea pigs. In the room of a consumptive, the carpet of which had not already been cleaned or removed, after a few weeks of sweeping the maid developed a cough and in fourteen months died from tuberculosis. If a person be confined in an unhealthy place, the whole populace cry out shame—but here in this country we pay a high premium for infection. For who can ride for hours in impure, luxurious "palace sleeping cars," with its heavy velvet seats and hangings, its beds of down and feathers incased in a covering that is never washed, its velvet carpet of heavy piling that is never taken up, and the feeble admittance of air that the dust may not hurt the appointments, and many months in the year with two stoves going and a temperature nearly a hundred—why, the black hole of Calcutta was safety compared to these "velvet traps." Think of the hundreds of consumptives who travel to the South, California, Colorado and everywhere, who expectorate for months upon the carpets, who sleep upon these beds with their unwashed covers, who use the elaborate cuspadores. Was ever a laboratory more successfully planned for the development of these bacilli? And when the great annual cleaning of these "traps" occur, is any method used to protect the people who handle or the neighborhood from this dry-pulverized sputum which can live for ages almost? In every civilized country but this people sleep alone, in every apartment of the married are always found two beds. In Europe it is unheard of for man and wife to pass the entire hours of night in the same bed. Who can be healthy if subjected to the expired air of disease? It is an undisputed point that where phthisis has once existed it is always a focus of contagion. If any one doubts this I refer them to Flick's report of the 5th Ward of Philadelphia; report of twenty-five years' observation, less than one-third of the houses in this ward had consumption in them, but considerably more than half the deaths in that ward oc-

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curred in those houses where consumption had been present. Having investigated forty-six cases of deaths from consumption and found twenty-seven took place where tuberculosis had been.

A study of tuberculosis made in Belgium under governmental authority by MM. Destrée and Gallmaerts showed as a result of their labors that, in comparing the mortality from phthisis of bachelors, married men and widowers, the last are very much more subject to this disease than either of the other classes. The same statement holds good for all ages, and it is, they say, also true that widows are more liable than single women to die of phthisis. The authors do not think this to be explained except by direct contagion of wife to husband or husband to wife. They cannot think that irregularities and excesses indulged in by widowers can be answerable for it, for advanced age does not seem to make any difference. They would ascribe it to infection occurring during married life, the disease claiming its second victim some time after the death of the first.

Pathologically nothing very new has been reported for the year. Pletstowsteff found the aorta greater in consumptives 65 to 79, and the circumference of bronchial tubes 70.8 to 81.1, disposing of one of the hypotheses that consumption was due to badly oxygenerated lungs from deficient arterial and venous calibre of vessels. The opinion of the gastric trouble in tuberculosis is against any catarrhal cause but inclines to the view of a material weakness of the stomach which permits the food to remain too long in the stomach thus allowing hyper-acidity. This feeble action of the digestion may be caused by the anæmia of the stomach due to the general cachexia and a chronic fibrous endarteritis.

The Latest Method of Detecting the Tubercle Bacilli.—The material should be spread in a very thin layer upon a cover glass, with a needle, or better, put a little sputum on one cover glass and press another against it thus making a thin layer upon two cover glasses, dry the film or pass it through a flame, being careful not to burn, two or three times quickly. The albumen usually present in the sputum fixes the film upon the glass. The cover glass is now ready for the aniline dye. Aniline violet, methyl blue or fuchsin are preferred. Fuchsin is better for it is bright red and renders the bacilli more prominent. The following solution is most satisfactory :

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Take of Fuchsin..... 1 part.
Acid Carbolic... 5 parts.
Alcohol ..... 10 parts.
Distilled water..100 parts.

Mix in the order given. A few drops of this staining fluid are placed upon the cover-glass, held in a forceps with the film *upwards* over a gas or alcohol lamp, until the solution boils, or gives off steam. Pass it through water and it is ready for bleaching. Twenty-five per cent. of watery solution of nitric or sulphuric acid is used. The stained cover-glass is immersed in the acid solution for a moment. Watch carefully and don't let the glass be too decolorized, pass through water, then through alcohol, 95 per cent., dry, and mount in Canada balsam. This process leaves the bacilli tuberculosis colored red, while the ground substance and all other bacteria are bleached.

Where the bacilli has been localized as in laryngeal phthisis, it really seems that it can be successfully treated.

The good results from the use of Lactic acid following curetting of the granulations continues to furnish plenty of proof that this treatment has come to stay. From numerous sources the results are most gratifying. While no authority could be quoted a few years ago who believed in the curability of laryngeal tuberculosis, to-day quite a number attest to its possibility. At the last Congress at Paris, Gugenheim extolled Heryng's treatment and reported 41 favorable cases out of 71. That laryngeal phthisis does become cured was shown in a recent autopsy by Dr.W. D. Babcock, where by spontaneous cicatrization, the ulcerous granulated tissue was wiped out. Two other methods of treatment have been favorably received: 1. Menthol 10 to 20 per cent. solution in olive oil. In 57 cases treated by Rosenthal, of Berlin, he claims it to be superior to lactic acid in its analgesic properties which increase with its use, not so painful, and not caustic. Heryng, of Warsaw, used electrolysis in five cases with surprising success, in one case it produced complete resolution of the tuberculous infiltrations of the epiglottic folds, another case where the curetting had not produced its usual good results, two applications sufficed for the disappearance of the infiltration without pain and without inflammatory reaction, cicatrization became effective in three weeks. The patient died from another disease and he was fortunately enabled to hold an autopsy. The microscopic preparation showed that the

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parts were completely cured, a layer of squamous epithelium covering the surface previously ulcerated.

In the distressing dysphagia which occurs towards the end, great relief may be obtained by using a spray of vaseline with 10 per cent. Menthol, 3 per cent. cocaine and 5 per cent. morphine, using it about every eight hours. Persons suffering may save themselves considerable pain if they persistently avoid loud talking. Krause believes that mouth breathing and nasal obstructions have much to do as etiological factors. Tuberculosis laryngitis may assume the form of nonulcerous circumscribed tumors, which may be primitive or consecutive. Inoculation with the papillunata of laryngeal tuberculosis may produce phthisis either by the intermediation of the bacilli of Koch which they may contain in small numbers or by the intermediation of the mucous covering. The condition may be present in the throat long before any lung implication.

SPIRIT OF THE MEDICAL PRESS.

THE *Eclectic Medical Journal* presents forcible "reasons for existence," on the part of Eclectics, who now are so much in the way that the elections this fall turned very much upon the issue whether more lawless legislation could not be had to suppress them—to which the people said "No." "If every man had to give good reasons why he should live," says the editor, "there would be a wonderful decrease in population. If every man had to give reasons why he should pursue his special line of business, there would be much trouble in the land. If every one of the hundred sects in religion were required to give reasons for their existence, we should be nearly deafened by the outcry of those on their special road to heaven. And yet one of the leading Schools of Medicine, which numbers over 12,000 practitioners, is asked to give reasons why it should live.

"In these United States has not a man 'the right to life, liberty, and the pursuit of happiness' in his own way? I have been taught that he has. Do we interfere with our neighboring physicians? Only in taking the patients by honest competition. They offer the community medical service; we offer them a different quality of medical service. *Have the people not the right to take ours in preference to theirs?*

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"If the people have learned that regular drugging is not a good thing, and that the sick get along better with small doses of pleasant remedies given for direct action, is it not their right to take what they think best? Do you claim that they should be forced to take your nasty potions and your poisons?

"Have you not taught the people through long years of trial that mercury, antimony, arsenic, and blood-letting were to be avoided? Have you not shown them that the antiphlogistic treatment was a failure and a curse? True, you did not intend to teach them, but we came on the stage to point the lessons and draw the moral.

"Have you not said, time and again, when you were in an honest mood, that medicine was uncertain, and that no man could tell, when he gave a drug, just what the result would be?—'that if all the drugs were at the bottom of the sea, it would be better for mankind, though it might be worse for the fishes?'

"Have you not made it impossible for physicians to work with you, if they said a word against mercury, antimony, or bleeding? Did you ever permit free speech, a free press, or even free thought? Never. Could I live with you and work with you for the good of medicine? No. You would turn me out of your local, your State, your National societies within the year. You would burn my books at the stake, and it would only be the strong arm of the law that would prevent your roasting me with them.

"When you talk about *one practice of medicine* by taking the *best of our school* into yours, and letting the remainder go to the 'demnition bowwows,' you can chew some of these problems, and get the result without much experimentation.

"The difference between the schools is so wide that it cannot be bridged. We believe in the *certainty* of remedies; you hold that drugs are *uncertain*. We believe that there are symptoms in disease pointing to the remedy; you do not. We treat the varying conditions of morbid life as manifested by symptoms; you treat names of disease. Our diagnosis of disease is especially for the selection of the remedy or remedies; you to give a correct name, or to determine the pathological changes.

"You have a great many men in your ranks that think much as I do; we have quite a considerable number who would make very good old school physicians. But these prefer their present affiliation, and we believe in the largest liberty. In so far as education

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is considered, we will compare our Cincinnati college with the best you have. In regard to journals and books—circulation and number bought being the standard of measurement—we will compare with you at any time.

"When the millennium dawns, and you are ready for perfect medical liberty, under the law which punishes malpractice, then we will take you by the hand and say there shall be but one practice of medicine."

The *American Medical Journal* prefers the phrase "direct medication" to specific, and gives as a reason that people will not understand the latter term aright. "They are apt to think that a drug in order to be specific should cure all cases of certain disease; as, a specific for dysentery should not fail to check the progress of dysentery, and a specific for pneumonia, should cure pneumonia. Used in this sense, a person will conclude specific medication a farce.

"To use the word 'specific' with reference to direct pathological conditions is not so bad, and indeed this is all that is meant by it; but it seems equally hard to understand how a drug can act upon a certain pathological state. Pathology itself is not very specific; for we may have a pathological condition of an organ from some cause direct, or some cause remote. Take a case of fever. We give a sedative to reduce the fever. Let it be veratrum, aconite, gelsimium, antipyrine, or antifibrine. We know these will reduce the temperature and we give them for such an effect; but what is the definite pathological condition? Ah, it may be that Peyer's glands have the primary involvement, or it may be the lungs or pleura.

"Again, specific fevers are now known to be dependent upon the entrance into the body of bacteria or micro-organisms, which multiply in the blood and tissues, and a micro-organism is found for each febrile disease. If this is true, we should remove the cause. To kill the micro-organism, then, will be specific medication.

"Why, then, should a stroke at the temperature be called specific, if we use that word with reference to definite pathological states? The fever goes on and there is a disturbance of the central nervous system. Symptoms change, and our attention is drawn to the brain, or some nervous lesion. This, however, is only a secondary lesion. We change our remedies now to meet the special symptoms. We know that a disease may go on until we have a half

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dozen or more distinct lesions, each bearing a direct relation to each other—the one primary, the others secondary. To kill a cat, it is not best to commence by cutting off at the tip of the tail.

"In our present nosology we can have no such thing as specific; and to be specific for definite pathological conditions ought to imply certainty in restoration—a thing none of us can ever hope to do."

The editor then goes on to argue in favor of the use of the term *direct* as meaning just what the physician is aiming at.

"Reasoning on the word *direct* as being the most preferable term, I would prefer to take physiology as the basis, and not pathology. We know that we have drugs that produce certain effects upon organs. Atropia in the eye dilates the pupil; Gelsemium internally acts upon the vaso-constrictors; Veratrum spends its effects upon the circulation; Iodide of Potassium upon the lymphatic system, etc. I would give Veratrum to reduce fever, because it can reduce lesions of the circulation. The pathological state which gives rise to the fever may be remote, but Veratrum is direct when the circulation is the object—direct to the fever, but may not be specific to the pathology. Syphilis may be a disease of the lymph-streams. Iodide of potassium goes direct to the lymphatics, but it may not be a specific for syphilis. So, then, when we study the physiological action of drugs, we find that they have affinities for certain organs, and are capable of producing certain effects upon those organs. We, then, having a knowledge of the organs upon which they act, and knowing their methods of action, give the drug for its direct effects."

In another article, replying to the appeal of the *Medical Times and Register* to Eclectics that they shall forbear to exist any longer in the way of its irregular "Regular" associates, the editor gives the following pungent paragraphs:

"I can imagine how a banishment of this kind ('professional isolation' from the Old School) might be a very sore punishment; but when a man is Eclectic from choice there is no sting. This prohibitory tariff, however, is not true, for many Allopathic Colleges are glad to confer their degrees upon Eclectics after one session of attendance.

"If Eclecticism cannot exist from its own intrinsic worth, it should die. If it has not truth enough to preserve it, let it wither. The signs of the times, however, show its wonderful growth."

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Editor's Table.

THE MEDICAL TRIBUNE FOR 1891.

In consequence of the great demand for the August and September issues of THE MEDICAL TRIBUNE, we cannot supply the calls for back numbers of Volume VI. We have therefore concluded to begin Volume VII with January, and to do this, and complete other arrangements for the coming year, we have found it necessary to issue a single number for November and December, with a complete index of the volume.

This arrangement entitles our old subscribers to a credit of three numbers on Volume VII, or, if they wish, they can remit $1.50 now, which will entitle them to THE MEDICAL TRIBUNE for 1891, and a copy of Professor Wilder's History of Eclectic Medicine. In addition to this all paid subscribers can have *Belford's Magazine*, through this office, for $1.75 per year.

We have arranged to publish the portraits and biographical sketches of twelve prominent Eclectics during the year, and will thereafter continue to make this a permanent feature of our magazine. Our January issue will present to our readers an excellent portrait of President George Covert, M. D., of the National, while that of ex-President W. T. Gemmill, M. D., will grace our February issue.

The publication of THE MEDICAL TRIBUNE has been transferred to the Medical Tribune Co., 124 West 47th Street, New York City, to whom all communications and remittances should hereafter be addressed. This change is made to expedite the business of this magazine, and will in no way interfere with the advantages to be derived from the extensive publishing facilities of Belford Company.

In our January issue we shall present an attractive list of advantages, which will be offered to our subscribers. We have also decided to allow our offer of "a copy of the History of Eclectic Medicine, free to all subscribers," to remain open till March 1st, thus giving every Eclectic physician in the country an opportunity to secure this book, which will be the only complete and authentic history of liberal medicine published.

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Professor Wilder intends to make his work a complete history of the healing art. The first chapters will contain a condensed history of medicine from the earliest periods of antiquity. These will be followed by a brief account of the progress of medicine down to the present day, with a full and authentic recital of the inception, growth and present status of American Eclecticism. He again asks, and for the last time, that all who are interested will forward to him such personal reminiscences as they may consider of value to insure the completeness of this work.

We have also the assurance of frequent contributions from our leading Eclectic writers; but this does not shut out any contributor who has anything of value to offer. Our pages are ever open to a full and free discussion of all questions of interest to the profession, for we have faith to believe that in the end truth will prevail.

KOCH'S PRETENDED DISCOVERY.

THE announcement made by Professor Koch at the Berlin Medical Congress, of his discovery of a cure for tubercular disease, seems to have upset the sober senses of the profession as well as of the press. The alleged discovery was at once taken outside the domain of experimental science, and has become a popular craze, as senseless as it is unscientific.

What are the facts concerning this pretended discovery? After experimenting for a few months Dr. Koch asserts that he has discovered a cure for tuberculosis, and gives some details of the action of the remedy. He refuses to tell how this remedy is prepared, although he says he has done all that can be done in developing the treatment. One case of lupus that was pronounced cured has already recurred, several patients have died from the effects of the treatment, and several years must elapse before there can be any proof of a cure being effected. Yet hundreds of doctors and thousands of patients have flocked to Berlin, ready to accept the new treatment, which is at best a secret nostrum, such as is denounced by the code of Ethics of the American Medical Association. As far as we can learn, its action is based entirely on the homœopathic law of "*like cures like*," a proposition which the Allopathic profession has fought since the dawn of Homœopathy.

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We predict that this Koch lymph craze, like other popular delusions, will prove an epidemic of short duration, and then we may hope for a more rational study of consumption and a better understanding of its causes, and the hygienic treatment that can alone stay its progress. In our next issue we purpose giving the subject a thorough review, and shall then give our reasons for believing it a groundless fallacy and a dangerous delusion.

MEDICAL LAW OF NORTH CAROLINA.

DR. A. J. HAILE gives the Georgia *Eclectic Medical Journal* an account of the operation of the Medical Statute of North Carolina. He had been a graduate and twenty years in practice, when he took up his residence in Charlotte. He procured a license from the city authorities, registered his diploma and was soon engaged in lucrative practice. Presently he was notified that he was guilty of a misdemeanor for not having presented himself before the Board of Medical Examiners for examination. He learned that this Board would not meet till ten months later, but could not ascertain when. There is power conferred to grant temporary license for the interim; but as the State Medical Society appoints the Examiners, Dr. Haile prudently decided to avoid all conflict and expense by removing to Savannah.

THE *SUN* AND THE LAYMEN.

THE New York *Sun* has at times a rare faculty of telling stern truth. It castigates the professions, each in turn—the lawyers because their rules are for the suppression of evidence and the defeat of justice, and the others because they are massed against reform whether in doctrine or method. It thus tells the fact:

"No profession ever yet reformed itself till laymen got after it, and none ever will. It was the layman who insisted upon common sense in medicine and reformed the drugging practice. The layman saw that folks got well under homœopathy [and we add Botanic and Eclectic practice] and he said, up and down, he would not continue to affront his stomach with nauseous drugs, or loosen his teeth with calomel, and lo! these things were reformed. The layman has got hold of theology now, and that is what is the matter

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with theology. He read a Westminster Catechism through, exclaimed 'Stuff and nonsense!' and forthwith revision is imminent. And the layman must insist that common honesty be imported into law. It can be brought in no otherwise. The old calomel doctor never offered to reform till the patient offered to go to the shop over the way."

Excellent and true, every word. And while they are about it will the *Sun* and "the laymen" bear in mind that by diligent lobbying, corrupt agencies and *hocus-pocus* of various sorts, the Legislatures of thirty and more of our States, and Congress besides, have enacted statutes, on purpose to place the practice of medicine in the hands of a privileged class, and make any further advance or reform impossible? Such is the notorious, the infamous fact. Let the *Sun* and the laymen join their voices to ours and call a halt. It is high time. Take the shyster away from medical boards and they would perish spontaneously in their own stench and nastiness.

CORRESPONDENCE.

We have received the following letter from a physician who is a citizen and legal practitioner of medicine and we publish it with our answer for the benefit of our readers.

Dear Doctor: Can you inform me what legal requirements Pennsylvania imposes on an Eclectic physician from New York State who wishes to locate there? I have the degree of B. A. from Princeton College, N. J., besides that of M. D. from an Eclectic institution. I am told that their law recognizes only "regulars" and high-dilutionists; and that previous to being permitted to practice there, I would have to submit to an examination by one or the other of these schools. I would not object if I thought I would receive fair play; but I am dubious. Is there no way by which the Eclectics of Pennsylvania may decide as to the fitness of an Eclectic from another State wishing to settle there?

Answer.—The medical statute of Pennsylvania, permits no physician to begin the practice of medicine, except his diploma is duly approved and endorsed by the Faculty of a Medical College of the State. No college will do this for the graduate of an institution not of its own kith, and even then it is not cheerfully done. The spirit and intent of the law legitimately interpreted, would require the endorsement of any genuine diploma; but doctors gener-

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